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CITY AND COUNTY  
BOROUGH OF LINCOLN



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

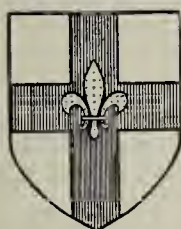
FOR THE

YEAR ENDING 31st DECEMBER 1960

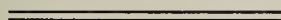
*Including Reports of  
The Principal School Medical Officer  
and The Chief Public Health Inspector*



CITY AND COUNTY  
BOROUGH OF LINCOLN



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE  
*YEAR ENDING 31st DECEMBER 1960*



R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.  
*Medical Officer of Health*

Mr. Mayor, Aldermen and Councillors,

I am pleased to present my second Annual Report on the health of the City for the year 1960.

The introduction of the Mental Health Act, 1959 was the most important event affecting the Health Department during the year. Clearly it is the most important legislation to affect Local Health Authorities since the National Health Service Act, 1946. The preparation of the proposals to be submitted to the Minister of Health involved many meetings with representatives of all the neighbouring Mental Hospitals. An attempt was made to put forward realistic proposals which would adequately implement the provisions of the Act and which would require little modification to deal with the trend of an increasing population which has been the case in Lincoln in the past decade.

All parts of the Act came into operation on 1st November, 1960 and although little time elapsed before the end of the year to appreciate fully the changes which might ensue, it was pleasing to note that very few difficulties arose. The only important changes which affected the Health Department in the latter part of 1960 were of course those affecting compulsory admission and the lack of difficulties was undoubtedly due to the excellent co-operation which exists between the Local Health Authority and the Hospitals. Clearly, Hospital staff and Local Health Authority staff are becoming increasingly aware of each other's work, problems and difficulties and it may be said with a good deal of conviction that the degree of co-operation is increasing very rapidly to the benefit of all.

A more detailed account of the Mental Health Service will be found in the body of the report and the proposals submitted to the Minister are set out in full in the Appendix.

One of the most important duties of the Local Health Authority is to make provision for the care of the expectant mother and young child and the steady increase in the number of attendances at the Infant Welfare Clinics continues. Despite certain criticism which has been levelled against Local Health Authority Infant Welfare Clinics in recent years, the very great value of these Clinics is unquestionable.

The need for instruction and guidance of the young mother, particularly with her first baby, remains as important as ever and the increasing use and popularity of the clinics clearly demonstrates their value. It is fortunate that the usefulness of the clinics does not depend on the suitability of the premises but depends in large measure on the suitability and enthusiasm of the medical and nursing staff.

The infant welfare clinics in the South of the City are extremely busy and very soon arrangements will have to be made for the holding of additional clinics. The large increase in population on the new housing estates in the South is outstripping to some extent the clinic facilities which are at present available.

The Domiciliary Midwifery Service had a less difficult year, despite the fact that the increase in the number of domiciliary confinements noticed in recent years continued in 1960. The midwives were better able to deal with the work as two additional midwives were appointed during the year, (increasing the staff from 6 to 8), 4 midwives were able to use cars consequent upon the granting of essential user car allowances by the Council and there was a reduction in the number of ante-natal home visits, resulting in the midwives being able to see more women at the ante-natal clinics.



Attendances at the ante-natal clinics clearly proved the need for these clinics and further sessions were in fact found to be necessary towards the end of the year.

There is no doubt that the shortage of Hospital maternity beds aggravates the difficulties of the domiciliary midwifery service. The lack of ante-natal beds makes it quite impossible to carry out effective ante-natal care. It is hoped that this serious shortage of midwifery beds will be remedied at an early date. Furthermore, Lincoln's proposals for a hostel for mentally disordered males envisages the return to the Council of the Lincoln Maternity Home when the lease expires on 1st July, 1963. If a comprehensive maternity unit is not available by that date, so that the present maternity home can be vacated, it will mean the delaying of provision of hostel accommodation.

The Chiropody Service, which was taken over by the Health Committee with effect from 1st April continued the good work started by the City of Lincoln Association for the Care of the Elderly and undoubtedly this is a great boon for elderly persons. The newly equipped premises in Beaumont Lodge, available from 2nd August, are adequate and the clinic is well attended.

There was a particularly heavy vaccination and immunisation programme during 1960, although it was a fairly quiet year regarding poliomyelitis vaccinations when compared with the great efforts which had been made in the previous two years. Nevertheless the nursing and medical staff were engaged in carrying out diphtheria reinforcing injections which had to some extent been neglected during the previous years when the medical staff were fully occupied with the poliomyelitis vaccination programme, and in 1959 with offering primary tetanus immunisation to children in the junior schools.

Diphtheria is a disease about which complacency is highly dangerous. When talking to groups of young mothers it is obvious that many are quite unaware of the seriousness of the disease. Indeed some of them seem scarcely to have heard of it for the disease has not been a problem in their lifetime. A continuing effort is therefore necessary to ensure that the infant population is adequately protected and the school child immunity level is reinforced. It is a pleasure, therefore, to note, as may be seen in the table on page 34, that there was a big increase in the number of children protected against the disease in 1960.

Towards the end of the year, there was quite a brisk outbreak of Whooping Cough which might well have been a considerable epidemic had not the pre-school child population been adequately protected in infancy. The comparison of the incidence of the disease in the vaccinated and unvaccinated groups demonstrates the protection the vaccination affords.

The Health Visitors are finding their work in giving advice as to the care of young children involves them more and more with mothers below the age of 20 years and their advice, therefore, is all the more important in view of the youthfulness of many of the mothers at the present time. There is no diminution in their work in connection with problem families and potential problem families. High wages do not seem to have decreased the difficulties in this field.

Certain disturbing features are present in Lincoln, as in other parts of the Country, namely the increasing number of unmarried mothers (particularly under 17 years of age), the increasing amount of verminous infestation

in school children and the increasing amount of juvenile delinquency, all seem to point to one common factor, i.e. a diminished standard of parental care and control.

A full account of the establishment of a Child Guidance Clinic in Lincoln during the year is given in the report of the Principal School Medical Officer. It is relevant to point out here that the difficulties mentioned in the previous paragraph may well add to the number of cases requiring the help of this Clinic. These will be children whose treatment is rendered more difficult by the basic faults in the parents and mismanagement of the children by them.

In Ministry of Health Circular 1/60, a special report is requested on the liaison arrangements with hospitals and general practitioners designed to avoid unnecessary hospital admissions and out-patient attendances and to facilitate early discharge; with particular reference to the recommendations in circular letter L.H.A.L. 2/59 on the nursing of sick children at home and the after-care of children discharged from hospital. It is a little difficult to see how the Local Health Authority can make any special arrangements, no matter how close the liaison is with the Hospitals and Medical Practitioners, to avoid unnecessary hospital admissions and out-patient attendances. The Domiciliary Midwifery Service and the Home Nursing Service both carry out duties which undoubtedly allow persons to be treated at home, who might otherwise be admitted to hospital. These Services have certainly reduced the number of hospital admissions and have allowed early discharge but it is impossible to be sure of the actual number. On several occasions, the Night Attendant Service has made it possible for elderly persons to remain at home and without this Service, admission to hospital would have been unavoidable. The Welfare Department has accommodated, temporarily, elderly sick persons who were unable to be admitted to hospital due to the shortage of geriatric beds.

No special arrangements were made for the nursing of sick children at home and although this is being considered at the present time, I think it is necessary to proceed with caution. Nevertheless, 39 children were treated at home within the normal framework of the Home Nursing Service.

Obviously, the two important reasons for trying to avoid the unnecessary admission of children to hospital are to avoid the risk of cross infection and the psychological damage which the child might suffer on separation from home and family. Although these difficulties are appreciated, it is felt that real progress will be possible only when the Home Nursing Service will be able to recruit a number of Registered Sick Children's Nurses with recent experience of children's nursing. Now that a stage has been reached when the work of the Home Nursing Service appears to be declining, no doubt this is an opportune time to consider such a course of action. However, one must not lose sight of the fact that the condition of young children who are ill may change very rapidly and a pattern of nursing would need to be introduced quite different from the present arrangement under which the Home Nurse visits during the day but does not stay continuously with the patient nor does she make visits during the night.

It was possible throughout 1960 to maintain an adequate staff in all sections of the Department with the exception of the Public Health Inspectorate and the School Dental Service. Although one Inspector was recruited during the year, two left to take up appointments elsewhere. Even when there is a full staff in this Section, the numbers are scarcely adequate to carry out all the work necessary. At the end of the year, only two District In-

spectors were employed and if no additional recruits are forthcoming, a good deal of essential work will need to be curtailed.

Dr. J. McCormack, Deputy Medical Officer of Health left in November to take up an appointment in Northumberland and at the end of the year, it had not been possible to fill the vacancy.

In conclusion, I would like to express my sincere thanks to the Health Department Staff for their loyal service throughout the year. I have had constant support from the members of the Health Committee and in particular I would like to mention the help given by Councillor E. J. Richardson who was Chairman until his election as Mayor of the City in May and by his successor as Chairman, Councillor F. T. Allen, who has always shown a keen interest in Health Department matters.

R. D. HAIGH,  
*Medical Officer of Health.*

City Health Department,  
Beaumont Fee,  
LINCOLN.

*August, 1961.*



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## HEALTH COMMITTEE, 1960

THE RIGHT WORSHIPFUL THE MAYOR, COUNCILLOR E. J. RICHARDSON

*Chairman:* COUNCILLOR F. T. ALLEN

*Vice-Chairman:* COUNCILLOR MRS. G. L. MURFIN

*Council Members:*

Alderman T. F. Taylor  
Alderman F. W. G. Todd  
Councillor H. B. Adams  
Councillor G. W. Colls

Councillor Mrs. M. R. Sookias  
Councillor J. H. Spence  
Councillor S. Wilson  
Councillor A. S. Woolhouse

*Other Members:*

Dr. A. H. Ferguson  
Dr. T. M. O'Brien  
Mr. G. W. Whatmough

Mr. D. A. C. Andrews  
Dr. W. S. H. Campbell  
Miss M. Witting

### Accounts Sub-Committee

Alderman F. W. G. Todd  
Councillor H. B. Adams

Councillor S. Wilson

### Maternity and Child Welfare Sub-Committee

*Chairman:* COUNCILLOR F. T. ALLEN

*Council Members:*

Alderman T. F. Taylor  
Councillor H. B. Adams  
Councillor G. W. Colls

Councillor Mrs. G. L. Murfin  
Councillor Mrs. M. R. Sookias  
Councillor S. Wilson

*Other Members:*

Mrs. M. Eagle  
Mrs. G. M. Barnett

Mrs. M. H. Plant

### Mental Health Services Sub-Committee

*Chairman:* COUNCILLOR F. T. ALLEN

*Council Members:*

Alderman T. F. Taylor  
Alderman F. W. G. Todd  
Councillor H. B. Adams

Councillor G. W. Colls  
Councillor Mrs. G. L. Murfin  
Councillor Mrs. M. R. Sookias

*Other Members:*

Dr. F. A. Bleaden  
Dr. W. S. H. Campbell

Mrs. M. Eagle  
Mr. T. C. Smith

### Necessitous Cases Sub-Committee

*Chairman:* COUNCILLOR F. T. ALLEN

Alderman T. F. Taylor  
Councillor H. B. Adams

Councillor G. W. Colls  
Councillor Mrs. G. L. Murfin

### Prosecutions Sub-Committee

*Chairman:* COUNCILLOR F. T. ALLEN

Alderman F. W. G. Todd  
Councillor H. B. Adams

Councillor G. W. Colls  
Councillor Mrs. G. L. Murfin



# STAFF OF THE CITY HEALTH DEPARTMENT, 1960

## *Medical Officer of Health and Principal School Medical Officer:*

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

## *Deputy Medical Officer of Health:*

J. McCORMACK, M.B., B.S., D.P.H. (to 6th November, 1960)

Vacancy from 7th November, 1960

## *School Medical Officer and Assistant Medical Officer:*

E. G. M. CUMMINGS, M.R.C.S., L.R.C.P., D.P.H.

## *Assistant Medical Officer:*

P. H. CHANCE, M.R.C.S., L.R.C.P. (temporary, from 7th November, 1960)

## *Principal School Dental Officer:*

K. H. DAVIS, L.D.S. (to 30th November, 1960)

Vacancy from 1st December, 1960

## *School Dental Officers:*

2 Vacancies

## *Chief Public Health Inspector:*

H. SHIMELD, CERT. R.S.I., MEAT AND FOOD CERT. R.S.I.

## *Deputy Chief Public Health Inspector:*

R. K. CROW, B.Sc.(ECON.) CERT., R.S.I., MEAT AND FOOD CERT. R.S.I., SMOKE INSPECTOR'S CERT. (R.S.I.), DIPL. IN HOUSING ESTATE MANAGEMENT (I.H.)

## *Public Health Inspectors:*

F. L. G. CHAPMAN, CERT. R.S.I., MEAT AND FOOD CERT., R.S.I.

C. CLARKE, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I., SMOKE INSPECTOR'S CERT. (R.S.I.) (to 10th December, 1960).

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.

J. R. MANNERS, CERT. P.H.I.E.B. (to 30th September, 1960).

D. B. MAY, CERT. P.H.I.E.B. (from 11th July, 1960).

## *Pupil Public Health Inspectors:*

T. R. H. BELL

G. W. KIRK (from 1st November, 1960)

## *Nursing Superintendent:*

MISS E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

## *Health Visitors:*

MISS K. LUKE, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V. (CERT.)

MISS E. N. BRITT, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.) (to 23rd April, 1960).

MISS M. CLARKE, S.R.N., R.S.C.N., H.V. (CERT.)

MISS R. M. CRAWFORD, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)

MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.)

MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

MISS M. T. KUHN-REGNIER, S.R.N., S.R.F.N., H.V. (CERT.)

MISS J. WILLIAMSON, S.R.N., S.C.M., H.V. (CERT.)

MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N. (Student, from 5th October, 1959, qualified 11th July, 1960).

MISS A. E. CHILVERS, S.R.N., S.C.M. (Student, from 3rd October, 1960)

*Tuberculosis Visitors:*

MISS J. M. ARCH, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (to 31st July, 1960)  
 MISS C. A. THOMPSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N. (from 12th September, 1960)

*District Midwives:*

MRS. H. ROBINSON, S.R.N., S.C.M.  
 MISS D. E. BARKER, S.C.M.  
 MRS. A. M. CHIVERS, S.C.M.  
 MRS. G. M. ENGLISH, S.R.N., S.C.M. (from 29th November, 1960)  
 MISS J. HATCH, S.R.N., S.C.M.  
 MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N.  
 MRS. R. M. SHIELDS, S.R.N., S.C.M.  
 MRS. G. P. WILLIAMS, S.C.M. (from 1st January, 1960)

*District Nurses:*

MRS. D. M. MARTIN, S.R.N., S.C.M., Q.I.D.N. (retired 31st October, 1960)  
 MRS. M. ATTARD, S.R.N.  
 MISS J. BARSLEY, S.R.N., Q.I.D.N.  
 MRS. M. COLE, S.R.N. (part-time)  
 MRS. M. A. ATKINSON, S.R.N.  
 MISS L. M. DAWSON, S.R.N., S.C.M.  
 MRS. K. DREWERY, S.R.N. (temporary, full-time from 1st October, 1960).  
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.  
 MRS. A. HOWLETT, S.R.N.  
 MRS. N. SMITH, S.R.N., S.C.M.  
 MRS. N. TOYNE, S.R.N.  
 MRS. F. WALMSLEY, S.R.N.  
 MR. F. O. BELL, S.R.N., Q.I.D.N.  
 MR. W. BRIGGS, S.R.N., Q.I.D.N.  
 MR. J. H. PARKER, S.R.N., Q.I.D.N.

*Clinic Nurses:*

MRS. J. M. SWANN, S.R.F.N., S.C.M.  
 MRS. K. PITCHFORD, S.R.N. (temporary, part-time from 17th October, 1960)

*Day Nursery:*

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Warden	MISS D. F. PARKER, C.N.N.
Nursery Nurses	MISS K. M. DAY, C.N.N. (to 26th February, 1960) MISS P. M. BOWSER, C.N.N. MRS. J. H. WHITE, C.N.N. (from 21st March, 1960)
Nursery Students	MISS R. SHARPE MISS S. MARRIOTT MISS S. J. KINSLEY MISS B. A. MINNS (from 1st September, 1960) MISS M. R. WILKINSON (from 1st September, 1960) MISS V. A. WILKINSON (from 1st September, 1960)
Nursery Assistant	MISS P. LEACHMAN (from 12th September, 1960)

*Occupation Centre:*

Supervisor	MRS. B. SEARLE, N.A.M.H. (DIPLOMA)
Deputy Supervisor	MISS J. A. WOODS, N.A.M.H. (DIPL.), qualified 14th July, 1960)
Assistants	MRS. A. TONGE
	MRS. E. EITE
	MRS. R. B. WARD (Temporary) (to 17th June, 1960)
	MRS. D. WHITLOCK (Temporary) (to 22nd July, 1960)
	MRS. M. DOWMAN (Temporary) (from 20th June, 1960)

*Mental Welfare Officers:*

J. H. PREECE (designated Senior Mental Welfare Officer from 1st April, 1960)  
 J. WEDGWOOD  
 MISS B. M. WATERS

*Ambulance Service:*

Ambulance Officer	F. G. LATCHEM
Deputy Ambulance Officer	H. LEEMING
Clerk	MISS J. M. WALLS (appointed 7th November, 1960, formerly Amb. Attendant)
Clerk/Telephonist	MISS B. M. STEEL (to 31st October, 1960)
	MISS P. R. CHALLANS (from 28th December, 1960)
Night Telephonist	T. B. G. SAVAGE
Drivers: 23	Attendants: 1 (at the end of the year)

*Home Help Service:*

Organiser	MISS H. BALDWIN
Clerks	MRS. M. E. CLARKE
	MRS. F. M. THOMAS (to 16th July, 1960)
	MISS S. E. MOYSES (from 8th August, 1960)
Helps at the end of the year: Whole-time, 11; Part-time, 60	

*Pests Officer:*

C. HOLDERNESS (retired 30th April, 1960)  
 A. H. WALKER (from 1st May, 1960)

*Rodent Operators:*

A. H. WALKER (to 30th April, 1960)  
 H. CHEETHAM

*Dental Attendants:*

MRS. M. MILLIGAN

*Lay Administrative Assistant:*

J. C. MARTIN, A.R.S.H.

*Clerks:*

A. C. TAYLOR  
 R. W. HILL  
 N. F. MCLEOD  
 MISS M. A. BOYNTON  
 MISS S. M. JOHNSON  
 MISS E. KETTLEBORO  
 MRS. E. THORNTON  
 MRS. N. BILLINGS  
 MISS I. M. COOK  
 MISS C. SAYNER

## STATISTICAL INFORMATION

### GENERAL STATISTICS

Area of City in acres	..	..	..	..	..	7,517
Number of dwelling houses, 1st April, 1960	..	..	..	..	..	24,108
Rateable Value, 31st March, 1960	..	..	..	..	..	£946,021
Sum represented by a penny rate	..	..	..	..	..	£3,850

### VITAL STATISTICS

Population (estimate mid-year, 1960)	..	..	..	..	73,730
Live Births:—					
Number	..	..	..	..	1,287
Rate per 1,000 population	..	..	..	..	17.28
Illegitimate Live Births per cent of total live births	..	..			6.37
Still-births:—					
Number	..	..	..	..	24
Rate per 1,000 total live and still births	..	..	..	..	18.31
Total Live and Still Births	..	..	..	..	1,311
Infant Deaths (deaths under 1 year)	..	..	..	..	24
Infant Mortality Rates:—					
Total infant deaths per 1,000 total live births	..	..			18.65
Legitimate infant deaths per 1,000 legitimate live births	..	..			19.92
Illegitimate infant deaths per 1,000 illegitimate live births	..	..			—
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	15.54
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	..	..	..	..	14.76
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	..	..	..	..	32.80
Maternal Mortality (including abortion):—					
Number of deaths	..	..	..	..	2
Rate per 1,000 total live and still births	..	..	..	..	1.53
Net Deaths	..	..	..	..	807
Death Rate per 1,000 population	..	..	..	..	10.62
Tuberculosis Mortality Rate, per 1,000 population	..	..	..	..	0.04
Cancer Mortality Rate, per 1,000 population	..	..	..	..	2.17
Area Comparability Factors: Births 0.99 Deaths 0.97					

### COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	17.28	17.1
Still Birth Rate	18.31	19.8
Maternal Mortality Rate	1.53	0.39
Infant Mortality Rate	18.65	21.9
Neo-natal Mortality Rate	15.54	15.6
Perinatal Mortality Rate	32.80	32.9
Death Rate	10.62	11.5
Tuberculosis Mortality Rate	0.04	0.07
Cancer Mortality Rate	2.17	2.16



### COMPARATIVE TABLE—LAST FIVE YEARS

	1956	1957	1958	1959	1960
Population ... ..	70,500	71,750	72,220	73,170	73,730
Live Birth Rate ... ..	15.79	15.83	17.03	16.44	17.28
Still Birth Rate ... ..	27.95	26.56	16.79	17.78	18.31
Infant Mortality Rate ...	24.26	22.88	30.90	19.75	18.65
Neo-natal Mortality Rate ...	17.07	17.61	22.75	14.00	15.54
Maternal Mortality Rate ...	0.87	—	0.80	1.62	1.53
Death Rate ... ..	11.91	11.81	12.24	11.29	10.62
Tuberculosis Mortality Rate	0.11	0.15	0.07	0.11	0.04
Cancer Mortality Rate ...	2.14	1.88	2.01	2.01	2.17

## Births

There were 1,287 live births registered in the year. Of this number 600 were born at home.

## Deaths

There were 807 deaths (419 males and 388 females) giving an adjusted death rate of 10.62 per 1,000 population. The causes of death are given in the table below.

## SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1960

Cause of Death		No. of deaths	Fe- Under					Age				
			Males	males	1yr	1-	5-	15-	25-	45-	65-	75-
Tuberculosis:												
Respiratory	...	3	3	—	—	—	—	—	—	1	1	1
Other	...	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	...	1	—	1	—	—	—	—	—	—	—	1
Diphtheria	...	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	...	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	...	—	—	—	—	—	—	—	—	—	—	—
Measles	...	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	...	1	1	—	—	—	—	—	—	—	—	1
Malignant Neoplasm:												
Stomach	...	15	7	8	—	—	—	—	—	4	5	6
Lung and Bronchus	...	45	36	9	—	—	—	—	2	20	20	3
Breast	...	12	—	12	—	—	—	—	2	4	4	2
Uterus	...	6	—	6	—	—	—	—	—	3	3	—
Other malignant and lymphatic neoplasms	...	82	44	38	—	1	1	1	3	19	23	34
Leukaemia and Aleukaemia	...	7	3	4	—	1	—	—	2	2	1	1
Diabetes	...	4	3	1	—	—	—	—	—	1	2	1
Vascular lesions of nervous system	...	111	42	69	—	—	—	—	1	18	30	62
Coronary disease, angina	...	133	81	52	—	—	—	—	3	29	39	62
Hypertension with heart disease	...	21	8	13	—	—	—	—	—	3	3	15
Other heart disease	...	96	43	53	—	—	—	—	—	12	19	65
Other circulatory disease	...	29	11	18	—	—	—	—	1	4	6	18
Influenza	...	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	...	51	28	23	1	—	—	—	—	7	12	31
Bronchitis	...	41	30	11	—	—	—	—	—	11	11	19
Other diseases of res- piratory system	...	—	—	—	—	—	—	—	—	—	—	—
Ulcer of stomach and duodenum	...	10	5	5	—	—	—	—	—	2	2	6
Gastritis, enteritis and diarrhoea	...	5	2	3	—	—	—	—	—	2	1	2
Nephritis and Nephrosis	...	8	4	4	—	—	—	—	—	3	2	3
Hyperplasia of Prostate	...	9	9	—	—	—	—	—	—	1	1	7

<i>Cause of Death</i>	<i>No. of deaths</i>	<i>Males</i>	<i>Fe- males</i>	<i>Under 1yr</i>	<i>1-</i>	<i>5-</i>	<i>15-</i>	<i>Age 25-</i>	<i>45-</i>	<i>65-</i>	<i>75-</i>
Pregnancy, childbirth and abortion ...	2	-	2	-	-	-	-	2	-	-	-
Congenital malformations ...	7	5	2	4	3	-	-	-	-	-	-
Other defined and ill-defined diseases ...	79	38	41	18	-	-	-	5	7	10	39
Motor vehicle accidents	12	8	4	-	1	1	2	3	2	1	2
All other accidents ...	8	4	4	1	-	1	-	-	-	2	4
Suicide ...	8	3	5	-	-	-	-	2	2	4	-
Homicide and Operations of War ...	1	1	-	-	-	-	1	-	-	-	-
Totals ...	807	419	388	24	6	3	4	26	157	202	385

### DEATHS IN AGE GROUPS, 1960

	<i>Under 1 year</i>	<i>1-4 yrs.</i>	<i>5-14 yrs.</i>	<i>15-24 yrs.</i>	<i>25-44 yrs.</i>	<i>45-64 yrs.</i>	<i>65-74 yrs.</i>	<i>75 and over</i>	<i>Total</i>
Males ...	16	5	1	3	14	98	118	164	419
Females ...	8	1	2	1	12	59	84	221	388
Totals ...	24	6	3	4	26	157	202	385	807

### DEATHS FROM CANCER

From the Table showing the Principal Causes of Death in 1960, it will be seen that deaths from Cancer form a high proportion of the total, *i.e.* 167 out of the total of 807, and as a cause of death is second only to diseases of the circulatory system.

The deaths from Cancer are shown in the following Table and the high proportion of deaths from Cancer of the lung and bronchus is worthy of note. It will be seen that there are four times as many deaths in males as in females (36: 9). Cancer of the lung and bronchus is undoubtedly a disease of middle age, 18 deaths occurring in the 45/65 age group, and one death from this disease is registered nearly every week.

It is our duty to educate the public in the definite relationship between lung cancer and smoking and this is mentioned elsewhere in the Report—see Health Education, page 44.

### CANCER DEATHS, 1960

<i>Cause of death</i>	<i>No. of deaths</i>	<i>Under 1yr</i>	1-	5-	15-	<i>Age 25-</i>	45-	65-	75-	<i>Totals</i>
Malignant Neoplasm Stomach	15	{ Males	-	-	-	-	3	3	1	7
		{ Females	-	-	-	-	1	2	5	8
Lung and Bronchus	45	{ Males	-	-	-	1	18	14	3	36
		{ Females	-	-	-	1	2	6	-	9
Breast	12	Females	-	-	-	2	4	4	2	12
Uterus	6	Females	-	-	-	-	3	3	-	6
Other Malignant and lymphatic neoplasms	82	{ Males	-	1	-	1	8	14	20	44
		{ Females	-	-	1	3	11	9	14	38
Leukaemia, aleukaemia	7	{ Males	-	1	-	1	-	1	-	3
		{ Females	-	-	-	1	2	-	1	4
			-	-	-	-	-	-	-	-
Totals	167	Males {	-	2	-	1	2	29	32	90
		Females }	-	-	1	-	7	23	24	77

## Infantile Mortality

There were 24 deaths of infants under 1 year, giving an infant mortality rate of 18.65 per 1,000 live births. This rate compares favourably with the rate for 1959 which was 19.75 and with the rate average for England and Wales which for 1960 was 21.9. The primary causes of death are given in the following table:—

			<i>Under</i>				<i>Total</i>						
			1	1-2	2-3	3-4	<i>under</i>	1-3	3-6	6-9	9-12		
<i>Cause of death</i>		<i>wk</i>	<i>wks</i>	<i>wks</i>	<i>wks</i>	<i>wks</i>	<i>4 wks</i>	<i>mths</i>	<i>mths</i>	<i>mths</i>	<i>mths</i>	<i>Total</i>	
Prematurity	...	...	9	—	—	—	9	—	—	—	—	9	
Congenital Malformations			4	—	—	—	4	1	—	1	—	6	
Intracranial Haemorrhage			2	—	—	—	2	—	—	—	—	2	
Pneumonia	...	...	1	—	—	—	1	—	—	—	1	2	
Rhesus Incompatibility			1	1	—	—	2	—	—	—	—	2	
Other Causes	...	...	2	—	—	—	2	—	1	—	—	3	
Totals			...	...	19	1	—	—	1	1	1	1	24

Deaths due to infectious diseases of childhood have been eliminated to such an extent that the Infantile Mortality Rate is largely determined by the number of deaths due to prematurity and congenital malformations. The incidence of these principle causes will decrease only very slowly. Of the 9 deaths due to prematurity, 4 were babies weighing less than 2 lbs. and in the case of babies of such a weight, the chances of survival are extremely small.

It is disappointing to note that two deaths were due to Rhesus incompatibility, particularly as all the services for dealing with this condition in Lincoln are especially well developed and a great effort is made to ensure that every Rhesus Negative woman has her blood examined for antibodies at the 32nd week of pregnancy.

## Perinatal Mortality

The perinatal mortality rate is the number of still-births added to the number of infant deaths during the first week of life expressed as a rate per thousand total births, both live and still. It therefore gives a measure of the risk to the foetus during pregnancy after the 28th week, and also during parturition, as well as the risk in the early days after birth.

In 1960, there were 24 still-births and 19 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 32.8. This represents a small but insignificant increase compared with the rate for 1959 (28.29). Still-births make up the largest component of this rate and as our knowledge of the causes of these are inadequate, little progress can be expected in reducing the number of still-births.

## Suicide

8 deaths (3 male and 5 female) were due to suicide. Half the deaths were due to coal gas poisoning.

Cause of Death	AGE AND SEX								Total
	15 — 24		25 — 44		45 — 64		65 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Coal gas poisoning	—	—	1	1	—	—	1	1	4
Drowning ...	—	—	—	—	—	—	—	1	1
Hanging ...	—	—	—	—	1	1	—	1	3
TOTAL ...	—	—	1	1	1	1	1	3	8

## LOCAL HEALTH AUTHORITY SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Infant Welfare Clinics

The Infant Welfare Clinics continued to be well attended during 1960 and the average attendance at each session increased from 42.2 in 1959 to 44.5.

2,775 children under 5 years of age attended during the year compared with 2,768 in 1959 and the number of children who attended for the first time during the year, and who were under 1 year at first attendance, was 989 compared with 1,028 in the previous year.

The total number of attendances during the year was 11,820 under 1 year and 5,044 between 1 and 5 years, the comparable figures for the previous year being 12,523 and 4,678. The following table shows in detail the attendances at the central clinic at 34 Newland and at the various out-lying clinics:—

				<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendance per Session</i>	<i>Attendance</i>
						1960	1959
M. & C.W. Centre, Newland	Tues.	51	2576	50.5	44.3		
„ „ „	Wed.	21	247	11.8	17.4		
„ „ „	Fri.	52	2177	41.9	37.3		
St. Helen's Hall	Mon.	48	2399	50.0	50.9		
St. Giles Hall	Thurs.	52	1936	37.2	37.9		
Blenkin Hall	Fri.	52	2315	44.5	42.8		
St. John's Hall	Wed.	52	2324	44.7	54.7		
St. George's Hall	Tue.	51	2890	56.7	52.1		
TOTALS				379	16864	44.5	42.2

Although the clinics continued to be well attended the premises in which they are held are far from ideal, apart from the centre at Newland. The provision of new premises is an urgent matter and plans are well advanced for the building of a Clinic in the North of the City (on the Ermine Estate), but as yet, no similar plans have been considered for the South of the City where the attendances are particularly high.

Modern housing estates which have a low density of population produce a particular problem when considering the provision of infant welfare clinics. In a modern estate, an adequate number of children to warrant the necessity of clinic provision is only available when the estate covers a considerable area and then travelling to and from the clinic becomes a problem in inclement weather. It is considered that a mother pushing a pram should not be expected to walk for more than one mile from home to clinic in bad weather and it is therefore difficult to provide clinic facilities for all parts of new housing estates in the City. Nevertheless of the babies born during 1960, over 75% attended a clinic at some time during the year.

The services provided in connection with the care of mothers and young children were in conformity with previous years and the clinics provided by



the Local Health Authority at the end of the year were as follows:—

<i>Clinic</i>	<i>Place Held</i>	<i>Days</i>	<i>Times</i>
Infant Welfare Clinics	Maternity and Child Welfare Centre, 34 Newland	Tuesdays Wednesdays Fridays	2—4 p.m.
	St. Helen's Hall, Skellingthorpe Road	Mondays	2—4 p.m.
	St. Giles' Methodist Church Hall, Addison Drive	Thursdays	2—4 p.m.
	Blenkin Hall, St. John's Road, Newport	Fridays	2—4 p.m.
	St. John's Church Hall, Ermine Estate	Wednesdays	2—4 p.m.
	St. George's Hall, Swallowbeck	Tuesdays	2—4 p.m.
Ante-Natal Clinics	Maternity and Child Welfare Centre, 34 Newland	Wednesdays (Fortnightly)	2—4 p.m.
	St. John's Church Hall, Ermine Estate	Mondays (Fortnightly)	2—4 p.m.
	St. Helen's Church Hall, Skellingthorpe Road	Thursdays (Fortnightly)	2—4 p.m.
Ante-Natal Instruction Class	Maternity and Child Welfare Centre, 34 Newland	Mondays Thursdays	2—4 p.m.
Light Clinic	„ „	Tuesdays Fridays	2—4 p.m.

Particulars of the work undertaken at these clinics are as follows:—

<b>Ante-Natal Clinics</b>	1960	1959
Total number of women who attended during the year	684	635
Number of women who attended for the first time . .	678	573
Total number of attendances . . . . .	1658	855

The above table shows that there was a substantial increase in the number of attendances at the Ante-Natal Clinics. In my introductory letter to the Report for 1959 reference was made to the increasing work undertaken by the District Midwives brought about by the considerable increase in the number of domiciliary confinements. In order to help the midwives in their work, it was decided to hold additional ante-natal clinics so that the number of domiciliary ante-natal visits might be reduced and in order to provide a more comprehensive service of ante-natal care. Instead of the weekly ante-natal clinic at Newland, it was decided to hold fortnightly clinics at Newland and fortnightly clinics at St. John's Church Hall, Ermine Estate to cover the North of the City and St. Helen's Church Hall, Skellingthorpe Road to cover the South of the City. A Medical Officer is present at each clinic and an attempt is made to provide an efficient service for expectant mothers. One advantage which accrues from the holding of clinics is that the women have an opportunity of being weighed accurately. This is seldom possible when the midwife examines the patient at home and as an efficient ante-natal service should be a preventive service, the importance of regular and accurate weighing cannot be overemphasised when overweight is undoubtedly a factor in the causation of pre-eclamptic toxæmia. Stress was laid on the importance of carrying out regular haemoglobin estimations and,

as far as possible, each patient had a haemoglobin estimation at the time of booking and again at about the 34th week of pregnancy.

Towards the end of the year it was becoming obvious that the number of clinic sessions being held was inadequate (at times as many as 50 women attended at a session) and it was clear that additional clinics would need to be held in the near future.

<b>Light Clinic</b>	1960	1959
Total number of cases treated during the year ..	65	77
Number of cases treated for the first time during the year .. .. .	52	67
Total number of attendances .. .. .	734	1002

Of the cases treated at this clinic, 52 were school children, 12 were children under school age, and the other case was a post-natal mother.

### Supply of Welfare Foods

Welfare Foods are available to those entitled to this benefit at the main distribution point at the Newland Infant Welfare Centre during office hours and at all out-lying clinics when the weekly session is held.

Issues during the year, compared with those for the previous year, were as follows:—

	1960	1959
National Dried Milk .. .. . tins	22,543	25,640
Orange Juice .. .. . bottles	46,460	46,661
Cod Liver Oil .. .. . bottles	5,037	4,999
Vitamin A and D Tablets .. .. . packets	5,280	4,811

There has been a further fall in the demand for National Dried Milk but the issues of Orange Juice, Cod Liver Oil and Vitamin Tablets remained at the same level as in the previous year.

### Care of Unmarried Mothers and Illegitimate Children

The Health Committee's duty for the provision of care for unmarried mothers, when it is required, is carried out by an arrangement whereby the Lincoln & District Council for Social and Moral Welfare make appropriate enquiries into cases where difficulties are anticipated and present to the Health Committee each case where financial assistance is required. During the year, the Committee agreed to grants being made in eleven cases.

The number of illegitimate births registered during the year was 82 representing a rate of 6.3% of total live births registered compared with 54 and a rate of 4.4.% in the previous year.

### Day Nursery

The number of children on the register of the Newland Day Nursery varied during the year between 40 and 48 and the average daily attendance was 35.

The average daily attendance throughout the year was as follows:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
30.3	24.5	35.6	36.9	38.8	38.1	33.3	35.6	37.7	39.5	38.8	31.3

All applications for admission to the Nursery are carefully considered and children are admitted only when there is an urgent medical or social need. Despite this restriction, there is no evidence that the demand for Nursery places is decreasing.

Absolute priority for admission is given to children of mothers who are unmarried, widowed, separated or divorced, who are obliged to go out to work and who have no relatives able to care for the children. Admission is also arranged where there is a pressing medical or social need in the family and from time to time infants are admitted at the request of the Paediatrician and the Consultant Children's Psychiatrist.

The Nursery is approved as a Training Nursery and during the year six girls carried out their practical training at the Lincoln Nursery whilst undertaking the Nursery Nurses' Training Course at Nottingham. 1960 was the first complete year of this training scheme and it was interesting to note that an advertisement for girls wishing to undertake Nursery Nurses' training commencing in 1960 produced a large number of applicants from girls living in the City and in the adjacent County areas—girls from both the Secondary Modern and Grammar Schools.

On 31st December, 1960 the staff of the Nursery consisted of:—

Matron  
Deputy Matron  
Warden  
2 Nursery Nurses  
1 Nursery Assistant  
3 Students (2-1st year and 1-2nd year)

and for most of the year there was a full staff.

Towards the end of the year, consideration was given to the daily charges at the Nursery and the fact that the cost per place per day had risen from 12/7 in 1956/57 to an estimated cost of 15/3 in 1960/61.

The Health Committee, having considered this steep rise in costs, decided that the daily charge should be increased and a scale of charges worked out to raise the maximum charge from 7/- to 10/- per day.

The scale of assessment is based on the NET income per head of the family (a child counting as a half unit), after deduction from the GROSS income of National Assistance Allowances for need, rent, rates and compulsory insurance, on the following scale:—

<i>Net Income</i>	<i>Charge per Day</i>
Nil to 4/- per head	1/6 plus 6d per day for each 4/- per head of net income up to
44/1 and over	7/- per day

Minimum charge 1/6 per day. Second or subsequent children assessed at 1/6 per day.

Where GROSS earnings are less than £5 per week, the maximum charge to be 2/- per day.

When paying board/lodgings, one third of amount to be considered as payment towards rent.

The Committee agreed to extend the scale as follows:—

44/1 and over	7/- per day increasing by 6d. per day for each 4/- per head net income up to 10/-.
---------------	---

This extended scale was considered to be fair and unlikely to affect adversely mothers with a low income.



**Dental Care—Principal Dental Officer:** MR. K. H. DAVIS, L.D.S.

The provision of dental treatment by the Local Health Authority under the National Health Service Act is designed to be a service for the priority groups, viz: for pre-school children and expectant and nursing mothers. It is disappointing to have to report again that the amount of treatment provided for these groups was only a very small fraction of the amount of treatment which would undoubtedly have been required during the year and would have been provided had it been possible to recruit additional Dental Officers. The Principal School Dental Officer was the only Dental Officer employed during the year and when he left on 30th November, 1960, to take up a similar appointment with the Lindsey County Council, we were without a Dental Officer for the ensuing three months.

It should be part of the care provided for expectant mothers to examine their teeth; there is, however little point in doing this as the extreme shortage of dentists prevents treatment being offered if carious teeth or other conditions requiring treatment are found.

Only 21 expectant mothers were examined at the Dental Clinic and when considering the total number of births in a year, this represents less than 1.6% of the expectant mothers. When it is also considered that only 100 children under 5 years were examined, it is obvious that merely a token service is being provided. Section 22 of the National Health Service Act lays a duty on every Local Health Authority:

“ to make arrangements for the care, including in particular dental care of expectant and nursing mothers and of children who have not attained the age of five years ”

and it is obviously the intention that these priority groups should have a dental examination, defects looked for and treatment undertaken where necessary. This is the only Section of Part III of the National Health Service under which the Lincoln Authority is quite unable to carry out the duties imposed upon it, due to the Authority's inability to recruit Dental Officers despite repeated advertising of the vacant appointments.

### NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>	<i>Attendances</i>
Expectant and Nursing Mothers ...	21	20	20	29	91
Children under five ...	100	82	82	83	158

### FORMS OF DENTAL TREATMENT PROVIDED

	<i>Extrac- tions</i>	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scalings or Scaling and gum treatment</i>	<i>Silver Nitrate treat- ment</i>	<i>Dress- ings</i>	<i>Radio- graphs</i>	<i>Dentures Provided</i>	
		<i>Local</i>	<i>General</i>						<i>Com- plete</i>	<i>Par- tial</i>
Expectant and Nursing Mothers	79	1	12	38	3	—	7	5	12	3
Children under five	120	—	56	46	—	15	37	—	—	—



## MIDWIFERY

*Nursing Superintendent: MISS E. M. DAY*

### Notifications of Intention to Practise

#### (a) *Midwifery*

40 midwives notified their intention to practise midwifery within the area of the Local Health Authority during the year.

11 practised in the domiciliary field, 2 of whom work in a private capacity and are occasionally employed by the Local Health Authority when a District Midwife is away sick or on leave.

25 practised from institutions under the control of the Hospital Management Committee.

4 practised from the Quarry Maternity Home under the control of the Lincoln & District Council for Social and Moral Welfare.

#### (b) *Maternity Nursing*

There were no notifications to practise only in this capacity during the period 1st January to 30th June, 1960. On 1st July, the term "Maternity Nurse" became obsolete.

### Distribution of Confinements

The total number of births (live and still) in the year was 1,311 (1,237 in 1959). 593 (45%) confinements took place at home 565 (46%) in 1959. 580 were attended by the District Midwives and 13 were attended by the two midwives in private practice.

The total number of births continued to show an increase and there was again a slight increase in the number of confinements at home, as can be seen in the table below:—

		<i>Cases attended</i>			<i>Total</i>
		<i>As Midwives</i>	<i>As Maternity Nurses</i>		
1956	.....	383	.....	36	419
1957	.....	387	.....	44	431
1958	.....	456	.....	38	494
1959	.....	515	.....	50	565
1960 (Up to 30-6-60)	.....	264	.....	26	} 580
(From 1-7-60)	.....	290	.....	—	

Of these 580 cases, the number of first confinements was 125. Medical aid was summoned in 34 cases (78 cases in 1959). Although there was an increase in the number of confinements during the year, the midwives paid a reduced number of visits, i.e. 14,403 compared with 14,982 in the previous year. This decrease was no doubt due, in large measure, to the establishment of additional Ante-Natal Clinics during July, 1960.

Two additional midwives were appointed during 1960 and at the end of the year there was a full establishment of 8 midwives. The average of 73 cases for each midwife was a considerable improvement on the average of 94 cases for the previous year.

### Analgesia

Inhalation analgesia using Trilene, administered by means of a Cyprane Inhaler, was used in the majority of cases. 484 cases were helped by this means and 20 cases received gas/air analgesia. This represents 86.9% of the total number of confinements attended by the district midwives. Pethidine was administered in 403 cases during the year (421 in 1959).

## Environmental Reports

The Lincoln Maternity Home is unable to accept bookings from all the women who wish to be confined there and in order to decide which cases are able to manage at home and which need to be delivered in hospital an environmental report is prepared by the district midwives. On the basis of this report, a recommendation is furnished to the Lincoln Maternity Home as to the suitability for hospital confinement, due to unsatisfactory home conditions.

During 1960, 237 cases were investigated by the district midwives and of these, 103 cases were recommended for hospital confinement due to unsatisfactory home conditions or other sociological grounds.

## Early Hospital Discharges

Notifications from Maternity Homes of all discharges of mothers and babies before the 14th day are received by the Medical Officer of Health, in order that visits may be paid to the homes by the District Midwives or Health Visitors. By arrangement, Health Visitors may visit any mother in the Lincoln Maternity Home prior to discharge.

## Chest X-ray of Expectant Mothers

Under the scheme for chest X-rays for expectant mothers started in 1954, chest X-ray is offered to all mothers, on booking a midwife. Recently, many of them were found to have availed themselves of the Mobile X-ray Unit prior to pregnancy and consequently it was not thought necessary to refer them again under the scheme.

The source of referral was as before from General Practitioners, Local Authority Ante-Natal Clinics and the Lincoln Maternity Home.

The number of expectant mothers X-rayed during the year was as follows:—

Referred by General Practitioners	..	..	..	..	243
Referred by Local Authority Ante-Natal Clinics	..	..	..	..	59
Referred by Maternity Hospital Ante-Natal Clinics	..	..	..	..	228
					<hr/>
					530
					<hr/>

Of the 530 expectant mothers X-rayed, 111 resided outside the City.

The following table shows the number who attended for Chest X-ray during the past five years:—

1956	1957	1958	1959	1960
321	317	495	548	530

Very few expectant mothers decline an appointment offered at the clinics, but unfortunately a number fail to keep the appointment sent at a later date to attend at the Chest Clinic.

Two cases of Pulmonary Tuberculosis were notified as a result of these examinations; three cases of inactive Pulmonary Tuberculosis were discovered and two cases were still under observation at the end of the year.

In view of the possible risks to the foetus of X-rays during the later months of pregnancy, it was decided during the year not to X-ray women after 28 weeks of pregnancy, but when patients were referred after this time, an appointment was made for X-ray early in the puerperium.

## **Post-Graduate Courses**

Three District Midwives attended Post-Graduate Courses arranged by the Royal College of Midwives at Oxford, Bradford and London respectively.

## **Training of Pupil Midwives**

The training of Pupil Midwives continues in conjunction with the Lincoln Maternity Home. 3 District Midwives are approved Teaching Midwives and 6 Pupil Midwives completed their training on the district in 1960. The pupils attended lectures in Public Health aspects of Midwifery given by the Medical Officer of Health.

## **Transport**

The recommendations regarding car allowances approved by the City Council in 1959 have done much to alleviate the burden of the midwives. 4 District Midwives are now car users and claim essential user car allowances, 1 having claimed an allowance for driving tuition.

4 midwives claim allowances for bicycles and still require transport from the Ambulance Service at night.

## **Staff Changes**

The staff changes during the year are given on page 12 of this Report. At the end of the year, 8 District Midwives were employed.

## **Other Practising Midwives**

The Local Health Authority is the local supervising authority for the purpose of the Midwives Act, 1951 and the Medical Officer of Health is approved by the Central Midwives Board as the Medical Supervisor of Midwives.

## **Co-operation**

The "Co-operation Card" for each patient continued to be used by the midwives at the ante-natal clinics and by most of the General Practitioner/Obstetricians, each patient being provided with an envelope to hold the personal card, the co-operation card and blood group card, which she is asked to carry with her at all times. An effort is made to ensure that all relevant information known to the medical staff or midwives, including copies of all laboratory reports, is always passed on to the patient's medical attendant.

Meetings of the Lincoln and District Obstetric Advisory Committee were held during the year and the Medical Officer of Health and the Nursing Superintendent represented the Local Health Authority.

## **General Remarks**

There continues to be an increase in the number of confinements taking place in the City and a further slight increase in domiciliary confinements.

Several factors have eased the work of the District Midwives allowing them more time for ante-natal care and education. These factors include the services of two additional District Midwives, the opening of two additional ante-natal clinics which cut down much of the home visiting (on some of these visits the mother would not be at home, necessitating a further visit) and the use of cars by 4 District Midwives thus saving time and energy between visits.



The present day necessity of a car for District Midwives should be borne in mind if future accommodation is acquired by the Local Authority for Midwifery Staff. Few of their present houses have either a garage or garage space.

The reduction in the number of cases in which it was necessary to summon medical aid has been most satisfactory. These numbered 34 (78 in 1959; 75 in 1958).

The proportion of patients having Chest X-rays has fallen but this is compensated by the number having had a Chest X-ray by the Mass Radiography Unit during a recent pregnancy or prior to pregnancy.

The number of patients receiving dental treatment in no way reflects the number requiring it. Some mothers prefer to attend their own dentists, especially since they can now obtain from them the free treatment and dentures previously only obtainable at the Local Health Authority's Clinics. However, many women given appointments for the Authority's Dental Clinic fail to attend, which is most unsatisfactory.

### Relief Arrangements for District Midwives

The arrangements have continued, as previously, whereby the midwives work in pairs—one midwife relieves her partner when off duty and during holiday periods. They also attend the same ante-natal clinics, so that they are not complete strangers to each other's patients and are able to discuss at the clinic any particular problem likely to occur. During holiday periods, a private midwife is often employed for relief duties.

There is no night rota system in operation at present.

### Care of Premature Infants

The number of infants who weighed  $5\frac{1}{2}$  lbs. or less at birth showed a slight increase. Any premature babies born at home who are felt to need special treatment, either because of the degree of prematurity or because of an abnormality, are transferred to the Premature Babies' Unit at St. George's Hospital. The transfer is carried out by the Ambulance Service either in the portable incubator (collected from St. George's Hospital) or in a specially equipped basket. The incubator is electrically heated from the ambulance battery and therefore arrives at the house at the requisite temperature. The premature baby may thereby be transferred to hospital without the risk of loss of body heat.

A baby requiring oxygen during the journey to hospital may be transferred in the "Oxycot" which is kept at the Ambulance Station and is available on request.

The Health Visitors give special attention to premature infants and follow-up visits are more frequent than with normal babies.

The number of premature infants notified was as follows:—

	1960	1959
Born at home .. .. .	39	30
Born in Hospital or Nursing Home ..	59	45
	—	—
Total .. .. .	98	75
	—	—



## HEALTH VISITING

### Staff

There were few changes during the year and at the end of 1960 the staff consisted of the Nursing Superintendent, 8 Health Visitor/School Nurses, 3 full-time School Nurses and 2 Clinic Nurses. One Student Health Visitor started her training at Leeds University in October and there remained at the end of the year one vacancy for a Health Visitor/School Nurse. As it had not been possible to fill this vacancy, the City Council decided that the policy in the succeeding year would be to appoint two Student Health Visitors who would undertake to remain with the Authority for two years after qualifying.

### Staff Training

Miss Kuhn-Regnier attended a Course at Cambridge and Mrs. Dimbleby attended a Course at Nottingham. Both these Courses were arranged by the Women Public Health Officers' Association.

Mrs. Dimbleby and Miss Williamson attended a two day Course at St. Gabriel's College, London on the ascertainment of hearing loss in infancy and Miss Williamson attended a further course from 19th to 31st September at the Manchester University (Department of Education of the Deaf).

### Training of Hospital Personnel in Social Aspects of Disease

Final-Year Student Nurses training in Lincoln Hospitals spent one morning with the Health Visitors and one morning with the District Nurses. It is felt that this is too short a time in which to gain a real insight into the Home Nursing and Health Visiting Services, but it is realised that with the Student Nurses' crowded curriculum, it would be difficult for a longer time to be spent with the Local Health Authority Nursing Services. Lectures are given by the Nursing Superintendent to Hospital Student Nurses on the Local Authority Health and Welfare Services.

One Doctor studying for the Diploma in Child Health attended for 20 sessions, as required by the D.C.H. Regulations, and a varied programme was arranged to enable him to appreciate the work undertaken by the Child Welfare Section of a Health Department.

## HOME VISITING—HEALTH VISITORS

Year	No. of children under 5 years of age visited during year	Expectant Mothers		Children under 1 Year	
		First Visits	Total Visits	First Visits	Total Visits
1960	4206	285	403	1219	5702
1959	4436	342	444	1219	6592
1958	3622	327	446	1217	5700

Year	Visits to Children 1-2 years	Visits to Children 2-5 years	Other Cases	Total No. of families or households visited by Health Visitors
1960	2464	4926	726	3401
1959	2674	5674	1045	3589
1958	2428	5340	1217	3092

## Home Visiting

The number of home visits was slightly reduced, compared with the figure for the previous year. At no time during the year was there a full staff and the immunisation programme continued to be very heavy and time consuming.

It is important that routine visits to healthy babies should not be neglected as it is only by regular and systematic visiting of normal, healthy families that the early signs of physical or mental illness can be detected and prevented. The primary duty of the Health Visitor is to advise mothers on general matters of health education and in particular to give expert advice on the care of babies and young children. This work is carried out partly by giving instruction at the Infant Welfare Clinics but mainly by visiting the homes.

In view of the shortage of qualified Health Visitors, every effort is made to ensure that their time is spent on the purpose for which they have been trained and that their time is not wasted on routine duties which can be carried out satisfactorily by State Registered Nurses without the Health Visitor's qualification. The arrangements in the Infant Welfare Clinics whereby a clerk is responsible for the sale of Welfare Foods and a Voluntary Worker carries out the routine weighing of babies, leaving the Health Visitor free to see the mother and baby and give advice, appear to have many merits. When attempts have been made in the past to reduce the frequency of weighing of babies, these attempts have usually been unsuccessful as it must be accepted that, however strong a case can be made against too frequent weighing, this does not alter the fact that a young mother's anxiety over her baby often cannot be allayed in the absence of frequent weight recordings.

## Mothercraft Classes—The Stork Club

"The Stork Club" held at the Welfare Centre, 34 Newland, continued to be well attended throughout the year. Two classes run concurrently on Monday and Thursday afternoons each week for periods of 16 weeks. The programme is carefully planned in advance and a wide variety of topics are discussed. At each class a certain amount of time is devoted to the study of the elements of relaxation and this is usually followed by a lecture or group discussion on many subjects concerning pregnancy, infant feeding, vaccination and immunisation and many other topics of interest and of importance in the care of the expectant mother and young child.

Number of expectant mothers on the register on 1st January,	
1960 .. .. .	128
Number of expectant mothers on the register on 31st December,	
1960 .. .. .	138
Average number of attendances per session .. .. .	34

The average number of expectant mothers attending each session was 34 and this number is certainly too high for successful group discussion. It is universally accepted that the best method of teaching in this field is by group discussion and the group is too large when it numbers many more over 12. In view of the undoubted popularity of "The Stork Club" consideration will have to be given to the possibility of holding additional

mothercraft classes in different parts of the City when smaller groups would attend and the women would consequently be more ready to join in discussions and ask questions.

### **The Mothers' Club**

The Mothers' Club is held once a fortnight at "Beaumont House" (rear of the City Health Department), the members are mainly former members of "The Stork Club," and the average attendance during the year was 33. The programme during the year included cookery demonstrations, hints on dressmaking, talks on food values, children's ailments, droplet infections, atmospheric pollution, etc.

Number on register on 1st January, 1960	..	..	..	83
Number on register on 31st December, 1960	..	..	..	75
Average number of attendances per session	..	..	..	33

### **Problem Families**

The Health Visitors, together with many other officers both of the Local Authority and other agencies, spend a considerable time dealing with problem families. Over 50 families were felt to require special attention during the year in order to prevent degeneration and break-up of the family and of this number, 23 were considered to be "problem families" and 31 "potential problem families."

Seldom is it the case that lack of adequate housing is the cause of the family being unsatisfactory. A large proportion of these families live in conventional Council Houses and some of the worst families were in fact living in houses with accommodation and facilities which must be regarded as satisfactory. In nearly every case both parents were unsatisfactory and lacking in many of the important qualities necessary for the making of good parents. In the worst cases, the father was of low intelligence or of a temperament and character making progress in rehabilitation of the family quite impossible.

One mother underwent a course of rehabilitation at York but in view of her low intelligence this had not the desired effect and within a very short time of returning home, the children of the family were received into the care of the Local Authority.

### **Prevention of break-up of families**

The Social Workers Co-ordinating Committee meets every two months under the chairmanship of the M.O.H. (in accordance with the City Council's recommendation). Officers of the following Corporation Departments attend—Children, Education, Health, Housing and Welfare, together with representatives from the National Assistance Board, Ministry of Labour, the Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln & District Council for Social and Moral Welfare and Women's Voluntary Services.

The meetings are useful as it is possible to reduce the too frequent visiting by different visitors which inevitably occurs with problem families and although meetings of this Committee will not solve all the problems created by these families, at least the exchange of information between the various officers is of considerable value.



As a result of a recommendation to the Health Committee, the Council decided to allow a sum of money to be available for the purchase of cleaning materials for certain families, where this was felt to be necessary.

## HOME NURSING

### Staff

At the end of the year, the Home Nursing Staff consisted of 13 nurses (including 3 male nurses) and 1 part-time nurse.

Mrs. D. M. Martin resigned after a long period of illness having served with the Corporation for many years. She was one of the members of the Lincoln and District Nursing Association, the staff of which were transferred to the Lincoln Health Authority in 1948.

### General Remarks

It will be seen from the table on page 31 that once again there was a slight reduction in the total number of cases attended by the District Nurses and undoubtedly this is in part due to the reduced number of injections that are given owing to the increasing use of antibiotics given by mouth. This is a factor which has been apparent throughout the Country for a number of years and it is becoming increasingly obvious that treatment by mouth is replacing treatment by injection for many common diseases both infectious and non-infectious. A brief perusal of the statistics from other Local Health Authorities reveals that 1957 proved to be the "peak" year for the number of visits paid by the District Nurses and since that year, there has been a fairly uniform decline in the number of visits made. Almost certainly the common factor for this decrease is the reduced number of injections given.

It would now seem to be opportune to consider whether new duties should be given to the District Nursing Service and whether the introduction of a special branch of the Service to deal with the nursing of sick children at home should be contemplated. In 1959, the Ministry of Health recommended that Local Health Authorities should consider making arrangements to assist in the nursing of sick children at home (thus obviating the necessity of admission to hospital), such arrangements to include the supply of Home Nursing and Home Help Services where necessary.

The table on page 31 records that 39 children under 5 years were treated at home with the help of the Home Nursing Service. This treatment was provided within the normal framework of the Service and it has not yet been thought desirable to establish a separate service for nursing sick children at home. It is felt that not many children are admitted to hospital who could be nursed at home. Often children are admitted whose medical condition may not necessitate urgent admission, but home factors, together with the inadequacy of parents, often render admission imperative. Furthermore, one is a little uneasy at the prospect of establishing a service for the nursing of young children at home, when at the most, the District Nurse is able to make only a few visits a day and when young children may deteriorate quite rapidly in between visits.



## HOME NURSING

31

1	2	3	4	5	6	7	8	9	10	11
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in Cols. 2-7 who were 65 years of age at time of first visit	Children included in Cols. 2-7 who were under 5 at time of the first visit	Patients in Cols. 2-7 who have had more than 24 visits during year
1960										
No. of cases attended by the Home Nurse	968	178	—	32	1	2	1181	642	39	351
No. of visits paid by the Home Nurse	27244	4170	—	1286	7	45	32752	19963	312	23296
1959										
No. of cases attended by the Home Nurse	1155	195	—	27	13	1	1391	702	45	366
No. of visits paid by the Home Nurse	29603	3787	—	977	131	3	34501	21639	296	25452
1958										
No. of cases attended by the Home Nurse	1244	213	1	27	9	—	1494	677	55	361
No. of visits paid by the Home Nurse	35102	3610	17	1291	68	—	40088	23161	453	23875

## VACCINATION AND IMMUNISATION

### Vaccination against Smallpox

Facilities for vaccination against Smallpox continued to be available at the Infant Welfare Clinics. The numbers vaccinated were higher than in previous years—approximately 60% of babies under 1 year were vaccinated and although this proportion is higher than the national average one would like the numbers to be even greater.

It is pleasing to note the high number of babies being vaccinated by their own General Practitioners, and similarly being re-vaccinated by them.

A summary of the vaccinations carried out during the year is as follows:—

Vaccinations	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>15 years or over</i>	<i>1960 Total</i>	<i>1959 Total</i>
By Local Health Authority's Staff	341	18	2	3	364	371
By General Practitioners ...	343	43	10	65	461	329
TOTALS ... ..	684	61	12	68	825	700
Re-vaccinations						
By Local Health Authority's Staff	—	2	—	4	6	3
By General Practitioners ...	—	8	17	111	136	116
TOTALS ... ..	—	10	17	115	142	119

### Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

Immunisation by means of Triple Antigen (Diphtheria, Whooping Cough and Tetanus antigens) introduced in 1956, has now become the accepted method of affording protection against the three diseases of childhood. This is borne out by the figures given in the tables below, where only Triple Vaccine has been given to infants under one year old by the Local Health Authority and by General Practitioners. Children in the 5—14 year age group had either Diphtheria immunisation only, or Diphtheria and Whooping Cough combined. However, protection by means of single antigens is available at all the Clinics on request. The only advantage the multiple antigens have over the single antigens is the convenience of the smaller number of injections. In all other respects, however, the use of single antigens would appear to be preferable.

Arrangements were made for immunisation against Diphtheria and Whooping Cough to be given to school children and the bulk of the work was done by the School Medical Officer in sessions at schools.

At the parents' request, primary immunisation against Whooping Cough was also made available for primary school entrants who had not been protected in infancy.

It is hoped that primary immunisation against Whooping Cough in school entrants will become less necessary in future years, as undoubtedly some untoward reactions are produced which, although these are only of nuisance value, nevertheless they would be best avoided. This would be possible, if an increased number of children had the protection in infancy. It is still felt, however, that whilst the incidence of Whooping Cough remains at the present level, protection should be offered to school children, as although unmodified Whooping Cough in a child of school-age is not a grave disease, it is often a prolonged, debilitating illness and a school-child infected may well pass on the infection to an infant sibling at home; this might prove to be fatal, if the infant is unprotected.

The ready co-operation of the Head Teachers and the teaching staff in the arrangements for the carrying out of the immunisation programme at schools is greatly appreciated.

<b>Primary Courses Completed</b>				<i>Under 1</i>	<i>1-4</i>	<i>5-14</i>	<i>1960</i>	<i>1959</i>
				<i>year</i>	<i>years</i>	<i>years</i>	<i>Total</i>	<i>Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...	...	...	-	7	102	109	11
Diphtheria-Pertussis	...	...	...	-	-	329	329	-
Diphtheria-Tetanus	...	...	...	-	3	-	3	-
Diphtheria-Tetanus-Pertussis	...	...	...	451	108	5	564	556
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...	...	...	-	1	1	2	8
Diphtheria-Pertussis	...	...	...	-	-	-	-	3
Diphtheria-Tetanus	...	...	...	1	-	3	4	-
Diphtheria-Tetanus-Pertussis	...	...	...	366	132	22	520	308
Totals	...	...	...	818	251	462	1531	886

### Re-inforcing Injections

<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...	...	...	-	-	282	282	3
Diphtheria-Pertussis	...	...	...	-	-	849	849	-
Diphtheria-Tetanus-Pertussis	...	...	...	-	6	31	37	1
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...	...	...	-	-	13	13	5
Diphtheria-Pertussis	...	...	...	-	-	11	11	18
Diphtheria-Tetanus-Pertussis	...	...	...	-	14	87	101	35
Totals	...	...	...	-	20	1273	1293	62

### Immunisation against Whooping Cough only

<i>Primary Courses Completed:</i>								
By Local Health Authority's Staff				1	3	227	231	15
By General Practitioners	...	...	...	-	-	-	-	3
Totals	...	...	...	1	3	227	231	18
<i>Re-inforcing Injections:</i>								
By Local Health Authority's Staff				-	-	65	65	2
By General Practitioners	...	...	...	-	-	-	-	-
Totals	...	...	...	-	-	65	65	2

It should be the aim of every Local Health Authority to ensure that at least 70% of children in any age group have been immunised against Diphtheria. This is the generally accepted percentage to keep Diphtheria at bay in the community. The percentages in different areas of the Country vary; unfortunately, several cases of Diphtheria have been reported throughout the the Country and these were in areas where there is a low immunity index. In Lincoln approximately 64% of children under one year received primary Diphtheria immunisation, which is not much below the percentage hoped for and represents an improvement on the figures for the previous year.

To be completely protected, a child should have received a booster dose during the previous five years. Our aim should be to immunise at least 70% of the infants during their first year of life and to keep up to the protected state, by adequate booster doses at prescribed intervals during



school life. This might mean an intensifying of our efforts by increased propaganda and other methods.

### Immunisation against Tetanus only

During 1959, most of the eligible children were given protective immunisation against Tetanus, thus the number given Tetanus immunisation only during 1960 was very low. (The total in 1959 included a large number of primary school children who were offered Tetanus immunisation for the first time and the immunisation courses were completed in that year.)

	<i>Under 1 year</i>	<i>1—4 years</i>	<i>5—14 years</i>	<i>1960 Total</i>	<i>1959 Total</i>
<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff	—	11	21	32	2453
By General Practitioners ...	—	5	52	57	37
	—	—	—	—	—
Totals ...	—	16	73	89	2490
	—	—	—	—	—
<i>Re-inforcing Injections:</i>					
By General Practitioners ...	—	—	3	3	4

As more babies and infants receive their Triple Antigen, the number receiving Tetanus immunisation only should continue to be low. Re-inforcing injections against Tetanus will be given at the appropriate time.

The question of the availability of Tetanus immunisation records at a time when an immunised person has suffered an injury was discussed with the Hospital Authorities and with representatives of the Local Executive Council, but at the end of the year, no real progress had been made in arranging a scheme whereby information about Tetanus immunisation is readily available at all times when required.

The Casualty Department of the County Hospital enquire from the Health Department, from time to time, for details of the Tetanus immunisation state of children and this information is readily available.

### Diphtheria Immunisation Index

The following table shows the number of children in Lincoln who, at the end of the year, had at any time completed a course of diphtheria immunisation, or had within the previous five years received a reinforcing dose of diphtheria antigen:—

<i>Age on 31-12-60: i.e. born in year:</i>	<i>Under 1 1960</i>	<i>1—4 1956-59</i>	<i>5—9 1951-55</i>	<i>10—14 1946-50</i>	<i>Under 15 Total</i>
Last complete course of injections (primary or booster)					
A. 1956-1960 ...	347	2964	3709	735	7755
B. 1955 or earlier ...	—	—	618	4113	4731
C. Estimated mid-year child population ...	1170	4330		11400	16900
Immunity Index ...	29.7%	68.4%		39.0%	45.9%

### Poliomyelitis Vaccination

The Local Health Authority's programme of vaccination against Poliomyelitis was extended during the year to include the following groups as from 1st February, 1960:—

1. All persons who had not at the time of their application for vaccination reached the age of forty.
2. Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.





## AMBULANCE SERVICE

*Ambulance Officer: MR. F. G. LATCHEM*

### Introduction

The transfer of responsibility (third phase) for the conveyance of non-emergency patients from the Lindsey County Council areas within 12 miles of the City Centre became operative on 1st October, 1960, the first phase having ended in March, 1960 and the second in September, 1960. The emergency cases, however, continued to be the responsibility of the Lincoln Ambulance Service and the number of such patients conveyed during 1960 was 162 as shown by the following table:—

January to March	..	..	..	17
April to June	..	..	..	34
July to September	..	..	..	42
October to December	..	..	..	69
				Total 162

This table illustrates that as the non-emergency service was taken over in stages by the Lindsey County Authority, the number of emergency cases increased.

### Staff

The staff position was difficult throughout the year. In view of the expected reduction in the work, due to Lindsey County Council accepting responsibility for non-emergency cases in their own area, it was agreed not to replace two driver/attendants who had retired, thus reducing the establishment to 23.

The expected reduction, however, did not materialise and although there was a decrease in the number of miles covered, there was a substantial increase in the number of patients carried as the table on page 38 shows. Further, one man was off duty, due to illness, throughout the year and 13 men qualified for an extra three days annual leave by reason of long service. The remaining female attendant was transferred to the clerical establishment in November.

On reviewing the position in September, it was agreed to increase the establishment by two driver/attendants forthwith and to recruit one driver/attendant to replace the man who had been absent so long on account of sickness. It was agreed that this man should remain on the establishment and when fit and able to return to duty, he should help to cover the extra work which would undoubtedly be caused by the introduction of a 42-hour working week in 1961 and to appoint a further driver/attendant, if necessary, in January, 1961.

### Illness

In addition to one man being off duty throughout the year, eleven weeks were lost owing to illness among other members of the operational staff.

### Training

All operational staff hold a First Aid Certificate and ten members have attended refresher courses to keep them up to date.

### Safe Driving Awards

All eligible drivers were entered for the National Safe Driving Competition and the distribution of Awards for the previous year took place in the Civil Defence Headquarters in October at which members of the Health Committee were present.

### Availability of Operational Staff

The following table shows the availability of operational staff during a normal working day at the end of 1960.

	<i>Period of day</i>				
	11 p.m. to 7 a.m.	7 a.m. to 9 a.m.	9 a.m. to 3 p.m.	3 p.m. to 5 p.m.	5 p.m. to 11 p.m.
Number of employees on duty	3 and 1 telephonist	5	7	7	4

### Vehicles

At the end of 1959, one 27 H.P. Ambulance was taken out of service, having been considered as unfit for further use as an ambulance and in July, 1960, this was replaced by a 21 H.P. vehicle.

At 31st December, 1960, the vehicle strength of the Ambulance Service was as follows:—

<i>Vehicle</i>	<i>Reg. No.</i>	<i>Purchase Date</i>	<i>Approx. Total Mileage</i>
Ambulance	FFE 144	Nov. 1951	115,000
"	GFE 732	Sept. 1953	133,500
"	HFE 936	Oct. 1954	131,000
"	MVL 831	Dec. 1958	35,000
"	PFE 979	July 1960	3,000
Sitting-case Ambulance (12 seater)	KVL 369	Nov. 1956	95,000
" " "	MVL 756	Nov. 1958	47,000
Sitting-case Ambulance (8 seater)	OFE 96	Sept. 1959	39,000
Sitting-case Cars	LFE 794	July 1957	140,000
" "	LFE 859	Aug. 1957	144,000

The ambulances are fitted with "Novox" Resuscitation Apparatus and during 1960, special attention was given to the question of the conveyance of babies, including premature babies, to hospital by ambulance. This problem was discussed with the Consultant Paediatrician and certain existing arrangements continued, were modified or new arrangements introduced, which resulted in the following facilities being available:—

### Conveyance of babies to Hospital

#### 1. Babies of 3 lbs and under

A Portable Incubator is available at St. George's Hospital and is supplied by courtesy of the Paediatric Department. The incubator supplies a suitable Oxygen concentration and thermostatic conditions can be maintained. It is so designed that the power supply of the ambulance battery is suitable for ensuring that the incubator arrives at the home at the appropriate temperature. A Hospital Nurse accompanies the incubator in the ambulance.

#### 2. Babies over 3 lbs.

Two specially equipped baskets for the conveyance of premature babies are available and are located as follows:—

- (a) Paediatric Department, St. George's Hospital
- (b) Lincoln Maternity Home

#### 3. Babies up to 6 months requiring Oxygen during the journey.

An Oxygenaire "Oxycot" is available at the Ambulance Station and is suitable for the transport of babies up to six months who require Oxygen during the journey. A concentration of 30% Oxygen and upwards can be supplied and unless the family doctor gives other instructions, the controls of the apparatus are set to give a concentration of 30% Oxygen, which is thought to be suitable for most cases.



Portable oxygen equipment is available for use in the home when urgently needed by patients at times when the shops of chemists, who normally supply the oxygen, are closed. The oxygen equipment is taken to the home by the Ambulance Service at the request of the family doctor.

### Co-operation with Other Services

The Service has endeavoured to maintain maximum efficiency by co-operation with the City Police and the City Fire Brigade and co-ordination is maintained with other Authorities so that economy in the use of Ambulances can be planned and mutual assistance available in any major accident.

### Transport of Chiropody Patients

Transport is provided by the Ambulance Service for conveyance to and from the Chiropody Clinic on the recommendation of a patient's medical attendant. 89 requests were received during the year, 43 for attendance at the Clinic held at Bank Street and 46 for attendance at "Beaumont Lodge" to which the Clinic was transferred on 1st August, 1960.

### Statistics.

A summary of the work undertaken during the year, compared with the corresponding figures for the previous four years, is as follows:—

	1956	1957	1958	1959	1960
No. of patients carried	33,952	35,030	38,210	35,506	39,038
No. of journeys undertaken	8,636	8,383	8,490	8,071	7,808
No. of miles covered	235,976	218,527	232,208	223,154	210,593

The number of journeys undertaken during the year includes the following non-patient carrying journeys:—

Transport of analgesia apparatus	..	..	48
Abortive journeys ..	..	..	57
Service journeys ..	..	..	170

The following classification of the patients carried during 1960 gives some indication of the type of calls dealt with:—

	1960	1959
Street Accidents .. .. .	851	820
Home Accidents .. .. .	146	136
Street Illness .. .. .	200	174
Home Illness .. .. .	2,497	2,605
Mental Illness .. .. .	58	86
Out-patient Attendances .. .. .	31,626	27,903
Inter-hospital Transfers .. .. .	1,356	1,258
Hospital Discharges .. .. .	1,524	1,733
Infectious Disease Cases .. .. .	36	42
Maternity cases .. .. .	744	749
Total .. .. .	39,038	35,506

The number of cases sent by rail during the year was 101.

Petrol consumption for the year was 15,650 gallons and oil consumption was 138 gallons.



It will clearly be seen from the above table that although the number of journeys undertaken and the number of miles covered showed a decrease, the number of patients carried showed a considerable increase when compared with the previous year. Out-patient attendances requiring ambulance transport increased considerably.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

The Tuberculous patient is under the care of, primarily, the Chest Physician (Regional Hospital Board) and then, working in conjunction with the Chest Physician, the Tuberculosis Health Visitor (Local Health Authority). Centred at the City Health Department, she in turn reports to the Medical Officer of Health, thus acting in a liaison capacity between the Regional Hospital Board and the Local Health Authority Service. Both the Chest Physician and the Tuberculosis Visitor act in close co-operation with the Family Doctors.

The Tuberculosis Visitor undertakes duties at the Chest Clinic by arrangement with the Chest Physician and attends two sessions each week. During the year, she attended 102 clinic sessions, as compared with 76 sessions in 1959. The majority of the patients at these sessions are from Lincoln and her attendance affords a suitable opportunity for seeing new patients.

Domiciliary visits are carried out by the Tuberculosis Visitor to:—

- (a) Families of all notified cases of Tuberculosis—to trace contacts of the patient and make a brief report on the home conditions; also to explain any necessary details to close relatives of the patient.
- (b) Patients discharged from Hospital—to advise on continued treatment at home and note if any form of assistance is required.
- (c) Routine visits to patients—who require advice and observation *re* treatment and home circumstances.
- (d) Miscellaneous visits—such as following-up Mantoux Testing, B.C.G. Vaccination and non-attenders at the Chest Clinic.

During the year, the Visitor paid 1,290 domiciliary visits as compared with 937 visits in 1959.

Patients discharged from Hospital are followed-up at regular intervals and after-care assistance is often needed for many Tuberculous patients because of the long term nature of the illness, particularly if the head of the household is affected and has a family dependent upon him.

The following is a list of the special facilities available for the Tuberculous patient:—

1. Free Milk: After a financial assessment has been made, 1 or 2 pints of free milk daily may be allowed to a patient. Or, if the circumstances warrant, some payment is made towards the milk. 41 patients had free milk during 1960 and of this number, 26 persons continued to receive assistance granted in the previous year.
2. Dawber Trust Fund: During the year assistance was given to one patient.
3. Home Nursing Equipment: Bedsteads, mattresses, bedpans, bed-rests, mackintosh sheets, etc. are available for loan to patients.

4. Voluntary Services: The W.V.S. and British Red Cross Society also provide assistance. The W.V.S. have a clothing store from which some patients have benefitted and the Red Cross Society have a supply of home nursing equipment.
5. Housing: In some cases where there is overcrowding, or insanitary conditions are present, consideration is given to the problem of rehousing. Recommendations are made by the Health Committee to the Housing Committee. A case receiving priority recommendation is usually re-housed in a matter of months. The position during the year was as follows:—

Awaiting re-housing on 1st January, 1960	..	..	..	3
Recommended for re-housing during the year	..	..	..	1
Re-housed during the year	..	..	..	3
Awaiting re-housing on 31st December, 1960	..	..	..	1

Contacts of cases coming to the notice of the Health Department of persons dying from Tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements are made for members of the family to attend for examination at the Chest Clinic. There were 2 cases in this category during 1960.

## B.C.G. Vaccination

### *Contact Scheme*

Under the scheme for the protection of contacts, B.C.G. vaccination against Tuberculosis is carried out by the Chest Physician on behalf of the Local Health Authority and all child contacts of known tuberculous patients who on testing are found to be "Mantoux Negative" are offered vaccination at the Lincoln Chest Clinic.

The number vaccinated under these arrangements during 1960 was 132 as compared with 118 during 1959.

### *School Children Scheme*

Vaccination of school children in the 13—14 years age group under the approved scheme is usually undertaken during the Winter Term. However, owing to a re-arrangement of the programme in schools to carry out an extended vaccination and immunisation scheme, it was decided to postpone the majority of B.C.G. vaccinations from the Winter Term to the Spring Term. At the end of the year, only one school had been visited and the remaining schools were dealt with in January, 1961.

During 1960, 71 school children were skin tested and 58 negative reactors received B.C.G. vaccination.

### *Students Scheme*

Under the scheme for B.C.G. vaccination of students attending colleges and other establishments of further education, vaccination was offered to students attending the Lincoln Training College, the Lincoln Technical College and the Lincoln School of Art.

The Lincoln Training College was visited in March by an assistant medical officer accompanied by a nurse and clerical assistant, and an evening session was held in April at Beaumont House for students of the Technical College and the School of Art.

346 students were tested, 102 were found positive, 240 were negative and were vaccinated.

In addition, 44 students who were known to have had B.C.G. previously were skin tested and of these 26 gave a positive reaction. 16 were negative and were re-vaccinated.

### Mass Radiography

The Lincolnshire Mass Radiography Unit paid a brief visit to the City in February, 1960, and public sessions were held on the Thornbridge Car Park from 9th to 26th February.

The total number of attendances during this survey was 3,267.

I am indebted to Dr. J. Bauer, Medical Director of the Unit for the following figures giving details of the work carried out during the survey:—

			<i>Males</i>	<i>Females</i>	<i>Total</i>
X-rayed on miniature film	..	..	1,592	1,675	3,267
Recalled for large film	..	..	80	68	148
Cases diagnosed:—					
Bronchiectasis	..	..	2	—	2
Neoplasm, malignant	..	..	3	1	4
Cardiac abnormality	..	..	6	6	12
Pulmonary Tuberculosis, requiring close clinic supervision or treatment	..	..	—	2	2
Pulmonary Tuberculosis, post primary inactive	..	..	—	1	1

### *X-ray Examination of Staff*

Arrangements are made for the X-ray examination, prior to appointment, of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as school caretakers, school meals staff, etc. In addition, the staffs mentioned are invited to undergo an annual chest X-ray when the Mass Radiography Unit is available in Lincoln.

X-ray examinations are also carried out of entrants to courses of training for teaching and entrants to the teaching profession.

### Other Illnesses.

The Council's Welfare Department undertakes the care and after-care of the following, under Part III of the National Assistance Act, 1948:—

Blind Persons  
Cancer patients  
Epileptics  
The hard of hearing  
The aged and infirm

Close co-operation was maintained during the year between the Health Department and the Welfare Department.

In connection with blind persons, table "A" below gives information regarding the incidence of blindness during 1960 and the steps taken with regard to treatment. Table "B" shows that there were 3 notifications of ophthalmia neonatorum during the year.



## A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends:—				
(a) No treatment ... ..	3	3	—	12
(b) Treatment (Medical, surgical or optical) ...	2	—	—	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	—	—	—	—

## B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year ... ..	3
(ii) Number of cases in which:—	
(a) Vision lost ... ..	—
(b) Vision impaired ... ..	—
(c) Treatment continuing at end of year ... ..	—

## After-Care of Patients Following Discharge from Hospitals

From time to time, mainly in connection with aged persons, a request is made from the Hospital Almoner for after-care, help and supervision. This usually takes the form of arranging in advance for the services of a Home Help and visitation by the Health Visitor.

Occasionally the request is in connection with an aged person living alone who has left hospital against medical advice, and the District Nurse and Home Help co-ordinate care in association with the General Practitioner.

## Provision of Nursing Equipment and Apparatus

The City Health Department maintains a store of standard articles of nursing equipment.

During the year 391 patients were assisted and 887 articles of equipment were issued. The comparable figures for 1959 were 388 patients assisted and 757 articles issued.

There was a steady demand throughout the year for most of the above items of nursing equipment and with the exception of wheel chairs and occasionally commodes, it was possible to supply every article requested. It was impossible, however, to meet the demand for wheel chairs during the summer months and many elderly persons had to wait several weeks before a wheel chair could be supplied. Wheel chairs are expensive items of equipment but the demand is such that it will be necessary either to increase the provision of chairs or consider alternative methods of meeting the demand.

Particulars of the equipment issued are as follows:—

Air Rings	..	..	..	..	78
Bath Seats	..	..	..	..	1
Bed Pans	..	..	..	..	186
Bed Cages	..	..	..	..	24
Bed Rests	..	..	..	..	106
Bed Tables	..	..	..	..	4
Bedsteads	..	..	..	..	11
Breast Pumps	..	..	..	..	3
Blankets	..	..	..	..	4
Commodes	..	..	..	..	30
Cushions, Dunlopillo	..	..	..	..	21
Cups, Feeding	..	..	..	..	21
Crutches	..	..	..	..	6
Fracture Boards (sets)	..	..	..	..	2
Mattresses	..	..	..	..	14
Mattresses, Dunlopillo	..	..	..	..	3
Rings, Dunlopillo	..	..	..	..	18
Sheets, Draw	..	..	..	..	35
Sheets, Mackintosh	..	..	..	..	202
Urinals	..	..	..	..	70
Walking Sticks	..	..	..	..	5
Walking Sticks, Tripod	..	..	..	..	20
Wheel Chairs	..	..	..	..	23
Total	..	..	..	..	887

## CHIROPODY SERVICE

When the Ministry of Health Circular issued in April, 1959 stated that the Minister was prepared to approve proposals by Local Health Authorities who wished to establish Chiropody Services, arrangements already existed in Lincoln for the chiropody treatment of elderly persons. These facilities were provided by the City of Lincoln Association for the Care of the Elderly and a clinic was held in premises occupied by the Welfare Department at 10 Bank Street, Lincoln.

The Health Committee considered the position and agreed to offer to take over the Chiropody Service from 1st April, 1960. The offer was accepted by the Voluntary Association and proposals to provide facilities to include not only the elderly, but expectant mothers and handicapped persons, were submitted to and approved by the Minister of Health.

The clinic facilities at Bank Street continued to be used until 28th July, 1960 and on 2nd August, the clinic was formally transferred to "Beaumont Lodge" where accommodation consisting of a waiting room and treatment room was made available on the ground floor.

The arrangements, which had been previously agreed to by the Health Committee for the conveyance by Ambulance Service transport to and from the Chiropody Clinic of patients who were unable to get there by public transport, were continued. A recommendation from the patient's medical attendant was requested in such cases.

Clinic sessions are held on Monday and Tuesday each week. The morning sessions are conducted by Mr. C. Hogg, M.Ch.S. and the afternoon sessions by Mrs. D. Joblin, M.Ch.S. A visiting chiropodist, Mrs. E. Pawson,

M.Ch.S. is employed to treat those persons who are unable to attend the clinic and also those over 85 years of age.

An effort was made to ensure that all elderly persons were aware of the facilities of the Chiropody Service and general practitioners, district nurses, health visitors, home helps and Welfare Department staff were encouraged to refer patients who were thought to require treatment.

All treatment given during the period 1st August, 1960 to 31st December, 1960, has been to the elderly and no expectant mothers or physically handicapped persons applied for chiropody treatment. It is interesting to note that the visiting chiropodist attends one person who is a Centenarian.

The following table relates to the period 1st August to 31st December, 1960:—

	<i>No. of Clinics</i>	<i>Total Attendances</i>	<i>Average Attendances per Clinic</i>	<i>Total Receipts</i>	<i>Average Receipts per Clinic</i>
Morning Clinics	38	378	9.95	£40 14s. 6d.	£1 1s. 5d.
Afternoon Clinics	42	459	10.93	£40 17s. 6d.	19s. 5d.
Visiting Chiropodist		248		£21 19s. 0d.	

## YELLOW FEVER VACCINATION

Ministry of Health Circular 19/59 (dated 25th June, 1959) stated that certain Local Health Authorities would be enabled, in accordance with Section 28 of the National Health Service Act, to provide facilities for protection against Yellow Fever for persons travelling abroad. Lincoln was designated a "Yellow Fever Centre" no doubt on account of its geographical position rather than it being a large population centre, and since 1st July, facilities for vaccination have been available at the City Health Department every Tuesday afternoon and occasionally at other times by appointment.

Under Section 28 (2) of the National Health Service Act, authorities were empowered, with Ministry of Health approval, to recover such charges as the authorities considered reasonable. The City Council decided that a reasonable charge (having regard to the cost of the vaccine) would be £1 1s. 0d. per vaccination.

During the period 1st July to 31st December, 1960, 80 vaccinations were carried out and the persons were from the following areas:—

Lincoln	..	..	..	..	..	30
Lindsey County	..	..	..	..	..	30
Kesteven County	..	..	..	..	..	15
Holland County	..	..	..	..	..	1
Nottinghamshire County	..	..	..	..	..	3
Other areas	..	..	..	..	..	1
						—
						80
						—

## HEALTH EDUCATION

Throughout the year, the Health Visitors in their visits to homes and their work in the clinics continued to carry out the all important but non-spectacular programme of Health Education. Their activities, however, are directed towards a particular group in the community, namely expectant and nursing mothers and children up to school-leaving age and one has the feeling that their efforts in the past have been directed entirely towards these sections of the community and other sections of the population have been neglected.



A good deal of the health education by Health Visitors is undertaken at infant welfare clinics. In addition to instruction on the general care of the baby with reference to bathing, feeding, clothing and the importance of protective immunisation, in recent years much time has been devoted to the importance of the family unit and emotional needs of the child. The prevention of accidents in the home, and particularly burning accidents, has been an important topic. At the "Toddlers' Clinic" the purpose is not solely for the child to be examined by the doctor but also to afford an opportunity for the Health Visitor to deal with many aspects bearing on the physical and mental development of the child. The desirability or otherwise of mother going out to work is a subject which needs careful thought when advising young mothers on the matter.

The Health Visitors are conscious of the changing pattern of the society. The conditions in the present day affluent society, with the increasing concentration on material things, in many cases are harmful in a young child's upbringing. The restrictions which young children often suffer in the newly furnished, newly carpeted and over-tidy home are undoubtedly harmful to a degree seldom appreciated by young parents of to-day. The young child who is unduly restricted and has little opportunity for free play may become frustrated and may well be a child who needs to attend the Child Guidance Clinic later on. The Health Visitors have a greater opportunity of seeing these conditions in operation in the home than most other agencies and timely guidance may avoid difficulties in the future.

The mothercraft classes conducted at the Maternity and Child Welfare Centre, Newland, continued to be well attended and although a great deal of useful information is given to expectant mothers at these meetings, it seems quite illogical to ignore completely the fact that the father should be just as important a member of the family as the mother in the care of the child. Whilst the great popularity of "The Stork Club" is gratifying, its usefulness is diminished by the fact that young mothers who most need advice are often the ones who fail to attend.

The tendency noticed in recent years for earlier marriages and first pregnancies occurring at an early age, points to the need for an increased amount of health education in schools. The programme in the St. Giles' Secondary Modern School for Girls has had a very satisfactory two years and it is regretted that no other School has followed the lead of the St. Giles' School. A varied programme of instruction is arranged by two Health Visitors and the topics range from elementary anatomy and hygiene to the prevention of accidents in the home and practical work consisting of blanket bathing, baby bathing and simple first aid.

As far as possible, health education posters and display material were presented at a time when it was thought they would have the greatest impact—during the summer months the emphasis was on food hygiene and food poisoning whilst during the winter, burning accidents and the need for adequate fire guards received attention.

The feelings of inadequacy were present again in 1960 when our poster displays represented our rather feeble effort at bringing to the notice of the public the manifest dangers of smoking cigarettes. The feelings were accentuated when seeing the enormous publicity programme presented by the tobacco manufacturers which seems to be specifically directed towards young people. This is the very group that we are most anxious should not adopt the pernicious habit of cigarette smoking. To be strictly accurate, it should not be described as a habit because it is undoubtedly an addiction

and the most sinister addiction which is openly countenanced, whilst strict statutory control deals with other addictions whose effect as a whole is in no way comparable with that due to nicotine addiction.

The Medical Officer of Health and Deputy Medical Officer of Health addressed various groups at evening meetings during the year on topics concerning health matters in general. When addressing Parent/Teacher Association meetings, it was usual to have a well-attended meeting and a receptive audience.

1960 was "Mental Health Year" and a number of meetings were arranged when the new legislation and importance of the Mental Health Act were explained and commented on. At one meeting, attended by over 100 persons, the speakers included the Medical Officer of Health, a Consultant Psychiatrist, the Senior Mental Welfare Officer and the parent of a Mentally Handicapped boy.

The monthly publication "Better Health" continued to be available for free distribution at "The Stork Club," for mothers attending the Infant Welfare Clinics and to other members of the general public at the Health Department and the Central Library.

## HOME HELP SERVICE

*Organiser:* MISS H. BALDWIN

The administrative staff of the Home Help Service now consists of the Home Help Organiser and two Clerks.

There has been a gradual but sustained increase in the requests for domestic assistance since the inception of the Home Help Service. It has become obvious, however, that in recent years the rate of demand is increasing and in the last two years there has been a 30% increase. The need to extend the Service becomes more apparent each year and no attempt is made to disguise the fact that it was impossible to provide a full service at any time during the year.

There are two particular features about the Service in Lincoln which together combine to place a severe burden on the Home Help Service. One has the distinct impression that the number of elderly persons is disproportionately large, and despite the fact that the number of elderly residents in Part III accommodation per 1,000 of the population appears to be greater than in any other County Borough of similar size, there appears to be a large number of elderly persons who require domestic help whilst remaining in their own homes. The latter factor is aggravated by the fact that the number of geriatric hospital beds is scarcely adequate to meet the needs, particularly during the winter months.

The second important factor is the high proportion of domiciliary births in the City for which, in many cases, the services of a Home Help are required.

The following table illustrates the growth in the Service during the past three years:—

Cases attended:	1958	1959	1960
Maternity .. .. .	52	65	64
General illness .. ..	75	96	112
Tuberculous .. .. .	5	5	5
Aged and infirm .. ..	364	422	471
	—	—	—
	496	588	652
	—	—	—



	1958	1959	1960
Hours worked	65,831	68,327	84,723
Hours worked by Night Attendants	3,690	2,939	2,156
Home Helps at the end of the year :			
Whole-time      ..      ..      ..	10	10	11
Part-time      ..      ..      ..	63	69	67

The part-time home helps in 1958 included 7 Night Attendants, 8 in 1959 and 7 in 1960.

On 1st January, 1960, there were approximately 267 elderly persons already having domestic assistance and many of these had been on the register for a number of years. 27 other cases were also receiving help. On 31st December, 1960, 367 elderly persons were being assisted and 49 other cases.

It must be appreciated that maternity and emergency cases are given priority and this means help has often to be withdrawn from long term cases and the elderly and infirm. A large number of aged persons live alone or are left alone during the day-time and they are dependent upon the Home Help Service for carrying out domestic work and shopping. Once the Service has accepted responsibility for the provision of help to an elderly person, the need usually continues for the remainder of that person's life and consequently the case load increases each month.

The table shows that a 30% increase in the case load was dealt with by a similar increase in the number of hours worked, although the number of Helps employed did not increase proportionately. An attempt was made during the year to reduce the number of casual employees who worked five mornings each week and replace them by part-time Helps who would undertake to work six mornings each week. This latter move was made in the realisation that a number of persons are not able to manage without help for two consecutive days at the week-end.

The importance of field work cannot be overstressed and it is desirable that each case should be visited before help is sent and that the case should be followed-up to ensure that adequate help is being received. Only 468 interviews took place in the homes of applicants for the services of a home help, due to the fact that the Organiser is compelled to spend more and more time in the office. This has been necessary because more cases are being helped and assessments have to be completed. Sometimes it is not possible for the Organiser to leave the office for two or three consecutive days and this is unsatisfactory. Re-visits to 160 households are included in the total of 468 and a number of these were to short term cases whilst the remainder were to households where helps had been attending for a number of years. These re-visits were only possible because it so happened that new cases requiring visiting were in the vicinity.

It must also be remembered that approximately 77% of the recipients of domestic help are granted a free service which could lead to abuse by both Householder and Home Help. It would be naive to assume that, no matter how carefully Home Helps are selected, all of them are willing and conscientious and, without supervision, can be relied upon to carry out useful hours of work in the homes of those who require the service. Only by frequent visiting by the Organiser to the homes and by the Home Helps to the Organiser's Office is it possible to ascertain the true merits of each individual Help. Checking of time sheets must be meticulous and this is time consuming. It is felt that if more frequent visiting were made by the Organiser, the rigorous checking of time sheets would be less important.



It is apparent that the Home Help Service is playing a very important part in the care and after-care of people in their own homes, though there is a limit to what can be done, especially if a person is in need of attention 24 hours of the day and for an indefinite period. Also, it is not always possible to grant regular help to all long term cases even though the number of hours required per week may be no more than 10 or so.

### **Night Attendant Service**

The Night Attendant Service assisted thirty-nine cases during the year. This Service was supplied in the majority of cases as a relief for relatives or friends of the sick person, or to persons with no relatives awaiting admission to hospital within a few days. The Service was at times under considerable strain when an Attendant had to be supplied for several consecutive nights due to difficulty in obtaining a hospital bed.

### **Training**

No formal course of training has yet been instituted for new recruits to the Home Help Service. One difficulty is that the number of recruits at any one time is small and scarcely justifies the establishment of a training course. Nevertheless, this is a matter which should be kept under review as there is little doubt that training is desirable.

During September, 1960, six Home Helps took the examination of the National Institute of Houseworkers; all were successful and two were awarded "Credits." The presentation of Diplomas to these, to six others who took the test in October, 1959 and to a number of Juniors who had gained Diplomas and Training Certificates was made at the Training Centre, "Beaumont House" on 17th November by the Right Worshipful the Mayor (Councillor E. J. Richardson, J.P.). Approximately 100 persons were present including the City Sheriff (A. Sutcliffe, Esq., M.A., B.Sc., J.P.), members of the Health Committee, Headmistresses from the Secondary Modern Schools and representatives from the Youth Employment Service, the Women's Voluntary Service, British Red Cross Society and the Ministry of Labour (Women's Section).

## **MENTAL HEALTH SERVICE**

### **The Mental Health Act, 1959**

The main body of the Mental Health Act, 1959, which repealed the Lunacy, Mental Treatment and Mental Deficiency Acts, came into operation on 1st November, 1960. During the latter part of 1959 and the early part of 1960 much time was devoted to the preparation of proposals for the Mental Health Services to be provided by the Local Health Authority. These proposals under Section 28 of the National Health Service Act, 1946 were submitted to the Minister of Health in March and were approved by the Minister with minor modifications. The proposals are contained in the Appendix.

The main features of the new Act are to bring the Mental Health Service into line with the other services of the National Health Service Act. The care and after-care of mentally disordered persons are therefore in every way similar to that for persons suffering from other illnesses.

The main effects of the Mental Health Act, 1959, are:

1. *Alteration in terms*

In the light of recent advances in the treatment of mental illness and of mentally subnormal people, terms such as lunatic, idiot, imbecile, insane person and mental defective have been abolished. The term mental disorder will in future describe all types of mental abnormality.

Under Section 4 of the Act, Mental Disorder is introduced as a new term covering all forms of mental illhealth and subnormality; only four main categories are recognised, these are

Mental illness

Severe subnormality (formerly known as idiots or imbeciles)

Subnormality (formerly known as feeble-minded)

Psychopathic disorder

Other terms that are now obsolete or have an equivalent are as follows:

<i>Old term,</i>	<i>Equivalent under new Act</i>
Certified	Obsolete
Voluntary	„
Licence	Leave
Absence on trial	
State Institution	Special Hospital
Duly Authorised Officer	Mental Welfare Officer
Ineducable	Unsuitable for education
Occupation Centres	Junior or Adult Training Centres

2. In the 19th century people were taken to hospital or institutions for judicial reasons, that is, not for their own improvement or treatment but to remove them from the community, but during the present century there has been a move to admit patients on a voluntary basis. Although they were admitted largely on a voluntary basis from 1930 onwards the signature of a magistrate was still required. Admission now is mostly on an informal basis, so that a patient suffering from a mental disorder can enter hospital for treatment in the same way as anyone entering for a physical illness such as appendicitis, pneumonia, etc. Since 6th October, 1959, the majority have been admitted on an informal basis as will be shown later.

3. The emphasis now is on community care of the mentally disordered and it is in this direction that the services provided by the Health Department are to be developed and expanded. These services are to be provided under Section 28 of the National Health Service Act, 1946 under the general heading of Prevention of Illness, Care and After-Care, the main aim being to provide a service to enable the mentally disordered to live within the community and lead useful lives within the limitations of their disorder and disability. The care and after-care service will be developed on lines providing:—

Residential accommodation

Social Clubs

Training and Occupation Centres

Guardianship function

Ancillary Services, e.g. home training, home visiting, etc.

The success of the service depends upon team work between General Practitioners, Hospitals, Mental Welfare Officers, and the Health Department as a whole, the education of the general public to accept these mentally

handicapped persons by effective propaganda, and the general acceptance by the community that these are ill people and not oddities to be hidden away.

During the past few years regular steps have been taken by the Lincoln Health Authority to improve or introduce these services for the mentally disordered and even greater expansion is being planned for the near future, with first priority being given to the provision of a Training Centre to accommodate 30 Adult Males who are either subnormal or suffering from a residual disability following mental illness.

It is hoped that this Centre, to be erected in the grounds of Beaumont Manor, the site of the Health Department Offices and the Junior Training Centre, will be opened towards the end of 1961.

Other plans include the provision of a Social Centre for mentally disordered adults where they may meet together under the guidance of a mental welfare officer and acquire increased confidence in themselves and ability to make contacts with others.

The provision of residential accommodation is also receiving careful consideration and various proposals are being thoroughly investigated. The types of persons for whom such accommodation is required include the following:—

1. Subnormal Patients.
2. E.S.N. or maladjusted young persons.
3. Patients discharged from Hospital who need some support on re-entering community life.
4. Elderly mentally infirm persons who do not need the services and resources of a hospital.

The need for accommodation for the persons falling within categories 1 and 3 is most urgently required and steps are being taken to give priority to this group.

### **Administration**

The administration of all matters relating to the mental health of the community was delegated by the Health Committee to the Mental Health Services Sub-Committee who directed the duties of the Local Health Authority under the various provisions of the Lunacy, Mental Treatment and Mental Deficiency Acts, and from 1st November, the Mental Health Act, 1959.

The Mental Health Services Sub-Committee consists of 7 elected members of the Council and 4 co-opted members.

The co-opted members include the Head Master of St. Catherine's Special School and a Consultant Psychiatrist from St. John's Hospital, Lincoln.

Meetings are held one week prior to the Health Committee and additional meetings are held at other times if necessary.

During the first ten months of the year all the Local Health Authority Medical Officers were authorised to issue medical certificates under the various sections of the Lunacy, Mental Treatment and Mental Deficiency Acts and the Medical Officer of Health was approved under the Mental Health (Approval of Medical Practitioners) Regulations 1960, to issue medical certificates for the compulsory admission of mentally disordered persons to hospital under Part IV of the Mental Health Act, for a period of five years expiring on the 30th September, 1965.



There were no changes in the staff of the department during the year but to comply with the requirements of the Mental Health Act, 1959 the three Duly Authorised Officers were reappointed under the new designation of Mental Welfare Officers (one as Senior).

Car allowances have continued to be granted to the Mental Welfare Officers throughout the year and there were only 17 occasions when it was found necessary to call upon ambulance transport for the removal of patients to hospital. Of the 17 patients removed to hospital by ambulance, eight were physically ill or elderly, and nine were violent and unsuitable for transport by car.

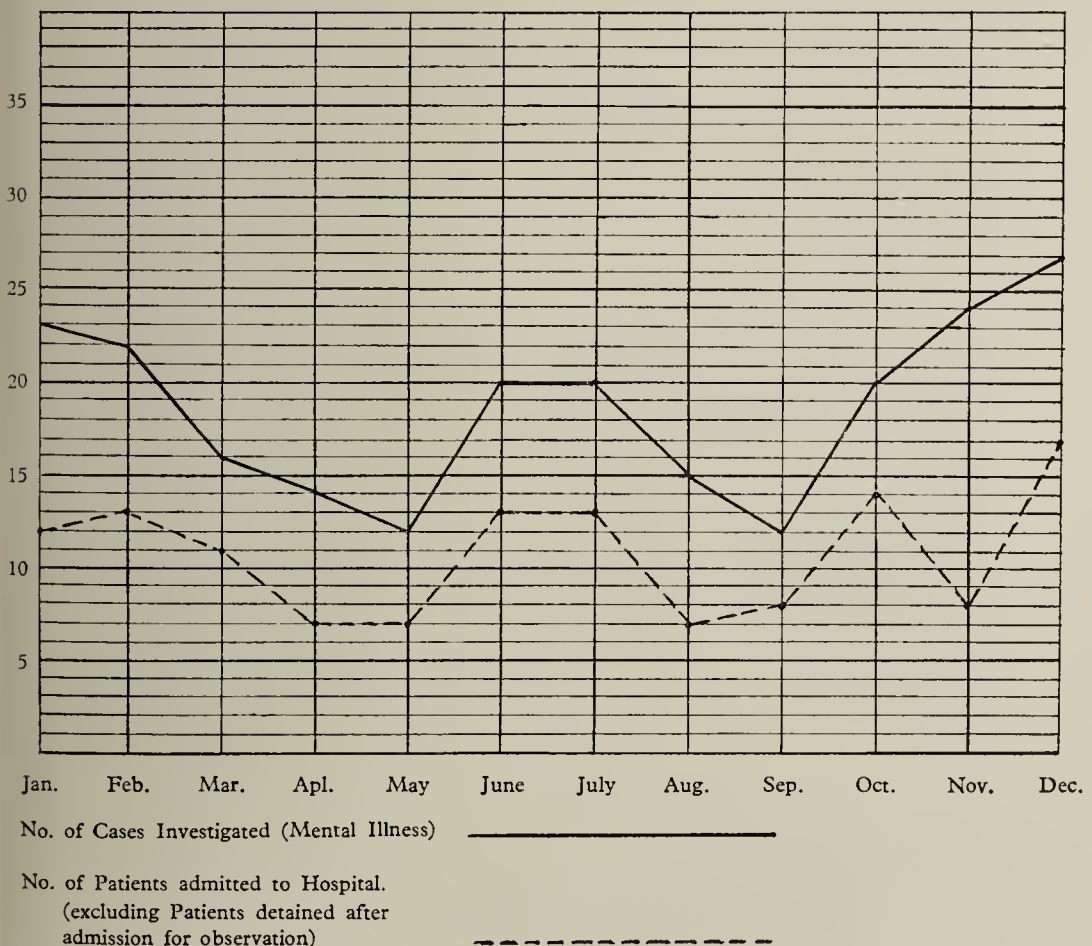
All general practitioners, hospitals, police and other appropriate services were provided with a monthly rota of duty by Mental Welfare Officers and the 24 hour service was maintained without incident throughout the year.

### Admissions to Mental Hospitals pursuant to the Lunacy, Mental Treatment and Mental Health Acts

The following graphs and tables show the number of patients admitted to Mental Hospitals pursuant to the Lunacy and Mental Treatment Acts during the ten months of the year from 1-1-60 to 31-10-60 and under the various sections of the Mental Health Act, 1959 from 1-11-60 to 31-12-60.

Freedom to allow patients to enter hospitals as Informal Patients has been in operation throughout the year and the figures show a marked increase in Informal admission for 1960, 58 such admissions, plus 1 voluntary admission, were arranged as against a total of 22 Voluntary and 7 Informal admissions in 1959.

#### MENTAL ILLNESS CASES INVESTIGATED AND ADMISSIONS PER MONTH









Compulsory admissions to hospitals as certified patients under the Lunacy Act, 1890 and Sec. 26 of the Mental Health Act, 1959 have continued to decline in numbers as shown below:

1956	1957	1958	1959	1960
58	45	28	17	11

Although the number of patients admitted to hospitals was smaller than during the previous year, the number who were admitted informally or for observation and were later detained for further treatment pursuant to Sec. 16 of the Lunacy Act, 1890 or Sec. 26 of the Mental Health Act, 1959 was even smaller than the percentage for the four earlier years:—

	1956	1957	1958	1959	1960
Admitted for observation or as Voluntary or Informal Patients ... ..	58	59	100	134	119
Certified or Detained, Section 26 ... ..	7 (12.06%)	7 (11.60%)	8 (8%)	10 (7.5%)	4 (3.3%)

This trend reflects the change in Hospital policy not to keep patients on a long term basis but to send them out into the community.

### **Mental Health, Care and After Care (Sec. 28 National Health Service Act, 1946)**

Regular visits have been made throughout the year to patients in the community with a view to preventing the onset of severe forms of mental illness, to assist people to re-adjust themselves to community life after hospital treatment, or to encourage and support those people suffering from chronic types of mental disorder. Success on this side of the Mental Welfare Officers' duties depends quite often on many things that are beyond the control of any one individual and the results, in what appear to be very similar cases, can vary greatly.

Tolerant and understanding relatives and neighbours, financial security, adequate housing accommodation, good physical health, availability of work of a suitable kind, recreational interests and many other factors, taken singly or in groups of more than one, can, if achieved, be the foundation on which to build a normal, useful and happy life, and the Mental Welfare Officers, working in close co-operation with the general practitioners and psychiatrists attempt to reach this objective.

Co-operation with psychiatrists at the local hospitals has continued on a close and helpful basis and an interchange of information and advice has been of great help in meeting the needs of patients as quickly as possible. Mental Welfare Officers attend the Out-Patient Clinics at both the local general hospital and the psychiatric hospital, thereby meeting a psychiatrist at least once each week to discuss general or specific problems.

With the permission of the general practitioners concerned, Social Reports, giving details of home circumstances, background and history of the illness, are furnished in respect of each Lincoln patient who attends the clinic for the first time.

During the year, 30 persons suffering from subnormality or severe subnormality were reported and the following table gives details of their ages and how they were dealt with:—

	<i>Under 16 years</i>		<i>Over 16 years</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
At school or liable to attend ..	3	5	—	—	8
On leaving special schools ..	1	1	3	1	6
Other sources .. .. .	—	—	3	13	16
	4	6	6	14	30
Disposal of above cases:					
Placed under Supervision at home	3	4	—	7	14
Placed in employment ..	—	—	6	5	11
Attendance at Training Centre arranged .. .. .	1	2	—	2	5
	4	6	6	14	30

The total number of visits made in respect of patients in the Community, including all types of mental disorder, was 3348.

In addition, 716 interviews took place in the office, making a grand total of 4064. This figure compares as follows with the three previous years and demonstrates the increase in the volume and importance of the work.

	1957	1958	1959	1960
Visits and office interviews	1800	2432	3790	4064

At the end of the year the number being visited under Section 28 of the Nat. Health S. Act, 1946 was **309**: of these **107** were mentally ill, **202** were either subnormal or severely subnormal.

To assist parents during periods of sickness or to enable them to have a holiday, Short Term Care in Hospitals, under the provisions of Ministry of Health Circular 5/52, was arranged for two adult males and one female child who between them were accommodated for a total of seven weeks.

Twelve persons suffering from subnormality or severe subnormality were admitted to hospital, the details are:—

<i>Under 16 years</i>			<i>Over 16 years</i>		
<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
4	2	6	5	1	6

Five Subnormal or Severely Subnormal patients were awaiting treatment or nursing care in hospital at 31st December, 1960, these are shown in the following table:—

	<i>URGENT</i>				<i>NON-URGENT</i>				<i>Total</i>
	<i>Under 16 M.</i>	<i>16 and Over F.</i>	<i>Under 16 M.</i>	<i>16 and Over F.</i>	<i>Under 16 M.</i>	<i>16 and Over F.</i>	<i>Under 16 M.</i>	<i>16 and Over F.</i>	
Severely Subnormal ...	—	—	—	—	—	—	—	—	—
“Cot and Chair” ...	—	—	—	—	1	—	—	—	1
Ambulant ...	—	—	—	—	1	1	1	1	4
Subnormal ...	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—
	—	—	—	—	2	1	1	1	5
	—	—	—	—	—	—	—	—	—

It is apparent from these details that there has been an increase in the amount of work and as the service expands it will no doubt continue to increase.

## Training Centre

Apart from school and special holidays, the Centre has been open throughout the year and steady progress in the training of the children has been maintained.

The number on the register has remained steady around the 60 mark and details of admission and discharges are as follows:

		<i>Lincoln</i>	<i>Kesteven</i>	<i>Total</i>
Number on Register on 1-1-60	..	63	2	65
Admissions during the year	.. ..	8	—	8
Discharges during the year	.. ..	13	1	14
Number on Register on 31-12-60	..	58	1	59

The eight admissions and fourteen discharges were due to the following circumstances

### *Admissions*

Found unsuitable for education at school	.. ..	4
Lack of suitable care during the day, after the death of her mother	.. ..	1
Removal into Lincoln from another area	.. ..	1
After losing his employment	.. ..	1
Kesteven resident, already attending removed into Lincoln		1
		—
		8
		—

### *Discharges*

Admitted to hospitals	.. ..	8
Upon finding employment	.. ..	4
Left Lincoln	.. ..	1
Left Kesteven	.. ..	1
		—
		14
		—

The classification, age groups and sex of the 58 Lincoln cases receiving training or occupation at the Training Centre at the end of the year is shown in the following table:—

<i>Mentally Ill</i>		<i>Psychopath</i>		<i>Sub-Normal</i>		<i>Severely Sub-Normal</i>		<i>Totals</i>	
<i>Under 16 yrs</i>	<i>16 yrs and over</i>	<i>Under 16 yrs</i>	<i>16 yrs and over</i>	<i>Under 16 yrs</i>	<i>16 yrs and over</i>	<i>Under 16 yrs</i>	<i>16 yrs and over</i>	<i>Under 16 yrs</i>	<i>16 yrs and over</i>
<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>	<i>M. F.</i>
1	—	—	—	—	—	4	4	11	8
9	6	5	10	14	10	16	18		

Transport for the trainees who were unable to make their own way to and from the Centre continued to be provided by the Lincoln Corporation Transport Department.

Trainees are picked up at various points in the City at definite times and the bus takes approximately 45 minutes to complete the round tour, arriving at the Centre at approximately 9-30 a.m. The return journey in the afternoon starts at 3-30 p.m. and all children are home by 4-15 p.m.

The mid-day meal is prepared and served on the premises and the charge has remained at 1/- daily throughout the year.

Miss J. A. Woods, Assistant at the Centre, was given leave of absence to attend the National Association for Mental Health Diploma Course



commencing on 16-9-59. On 14th July, 1960 she qualified as a Teacher of the Mentally Handicapped and was appointed Assistant Supervisor.

Open Day this year was held on 14th July and as a contribution towards the publicity being given to the subject of mental disorder in this Mental Health Year, a rather more ambitious programme was arranged.

The Hall was filled to capacity by parents, social workers, school teachers, high school pupils and a number of other people who, from their own particular points of view, are interested in the present facilities and future plans for the welfare and training of the mentally subnormal.

A demonstration by the trainees, including songs, poetry, and rhythmic, was followed by a tour of the Centre and Dr. C. J. Wardle, Consultant in Child Psychiatry, introduced four films depicting the problems that arise during childhood.

### **Mental Health (Approval of Medical Practitioners) Regulations, 1960**

The above Regulations required Local Health Authorities to approve medical practitioners as having special experience in the diagnosis or treatment of mental disorder. The Advisory Panel, established by the Sheffield Regional Hospital Board, met in August and recommended to the Local Health Authority that the following practitioners be approved under these Regulations:—

Dr. F. A. Bleaden  
 Dr. D. J. Buchanan  
 Dr. W. A. S. Falla  
 Dr. C. M. Fysh  
 Dr. J. F. R. Goodlad  
 Dr. R. D. Haigh  
 Dr. J. H. Price  
 Dr. M. S.M. Rayner  
 Dr. C. J. Wardle

The Health Committee accepted the recommendation of the Advisory Panel and the above-named were approved for the purpose of Section 28 of the Mental Health Act, 1959 for a period of five years.

## **CONTROL OF INFECTIOUS DISEASES**

### **Notifiable Infectious Diseases**

Notification to the Local Health Authority of certain of the infectious diseases is an important statutory duty required of all doctors practising within the Authority's area.

It is the first step in the control of the various infectious diseases and makes possible the compilation of local and national statistics.

The following table shows the incidence of the Notifiable Infectious Diseases during the last 5 years in Lincoln:

<i>Disease</i>	1956	1957	1958	1959	1960
Diphtheria .. ..	—	—	—	—	—
Scarlet Fever .. ..	78	48	29	60	75
Erysipelas .. ..	5	—	3	5	4
Puerperal Pyrexia ..	3	1	3	2	—
Ophthalmia Neonatorum	—	—	1	—	3
Chickenpox .. ..	551	78	1138	166	688
Measles .. ..	36	1846	377	1117	51

<i>Disease</i>		1956	1957	1958	1959	1960
Whooping Cough	..	140	111	47	15	57
Typhoid Fever	..	—	—	—	—	—
Para-Typhoid Fever	..	1	2	—	—	—
Dysentery	..	40	21	10	64	4
Food Poisoning	..	26	33	2	24	8
Pneumonia	..	28	32	33	16	11
Meningococcal Infection		1	3	2	1	—
Acute Poliomyelitis:						
Paralytic	..	1	48	—	3	1
Non-Paralytic	..	2	53	3	—	10
Acute Encephalitis	..	—	—	—	1	—
Malaria	..	—	—	—	1	—
Smallpox	..	—	—	—	—	—

## Diphtheria

Once again no case of Diphtheria occurred in the City, the last notification being in 1950. The high degree of protection afforded by immunisation and the large number of persons immunised must be the main factor in the virtual disappearance of this disease. This satisfactory state can, however, be maintained only by the continuation of protective immunisation and every effort is made at the Welfare Clinics to persuade all mothers to have their infants protected. The stage has now been reached when a large proportion of expectant mothers have not experienced a Diphtheria Epidemic, in fact many of them have no knowledge of the seriousness of this disease. It is, therefore, all the more necessary to continue propaganda with the object of encouraging early immunisation against Diphtheria.

Immunisation against Diphtheria alone is now seldom performed in infancy; triple immunisation which protects the individual against Diphtheria, Whooping Cough and Tetanus is widely used and in 1960, 818 infants under one year were given a full course of triple immunisation, compared with 734 in 1959.

## Scarlet Fever

Seventy-five cases of Scarlet Fever occurred during the year, mainly affecting children in the 4 to 9 year group. The disease continues to be mild and complications were few.

Scarlet Fever is no longer considered to be a particular problem in childhood as virtually the only importance to be attached to it is the occasional onset of endocarditis or nephritis. It is considered unlikely that these complications follow Scarlet Fever more frequently than follow a streptococcal throat infection which has not the skin manifestations of Scarlet Fever.

## Erysipelas

Four cases of Erysipelas occurred in 1960.

## Whooping Cough

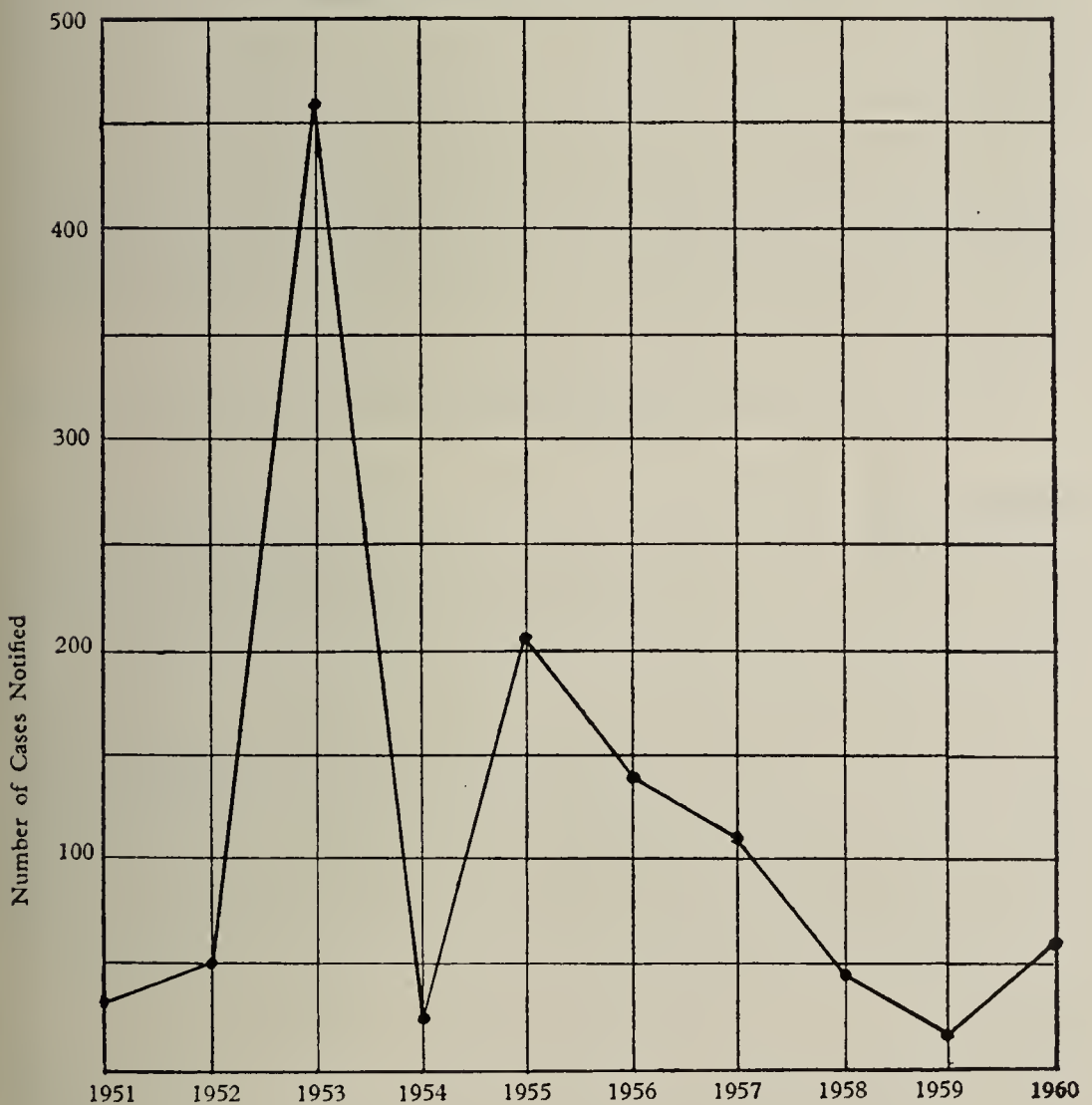
In the last few years there has been a decline in the number of notifications of cases of Whooping Cough. However, in 1960, there was a substantial increase in the number, viz: 57 as compared with 15 in the previous year. Most of the cases occurred during November and December.

The following table shows the age and sex distribution of the cases notified:—

<i>Age</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1	..	..	..	4	4	8
1 year	..	..	..	4 (1)	3 (2)	7
2 years	..	..	..	6 (2)	8 (4)	14
3 years	..	..	..	1 (1)	2	3
4 years	..	..	..	3	4 (1)	7
5—9 years	..	..	..	4 (1)	12 (4)	16
10—14 years	..	..	..	—	2	2
Totals	..	..	..	22 (5)	35 (11)	57

( ) The figures in brackets denote those immunised

#### INCIDENCE OF WHOOPING COUGH IN LINCOLN DURING THE PAST 10 YEARS



Immunisation  
started



It will be seen that, as is usually the case, there was a greater incidence of the disease amongst the girls. It will also be noted that a relatively small number of vaccinated children contracted the disease (16) despite the fact that the proportion of vaccinated children in the community is approximately 80%. This clearly demonstrates the value of vaccination against the disease, but it also shows that vaccination does not afford complete protection. In general, however, the illness amongst the vaccinated children was mild.

The increased incidence of Whooping Cough during 1960 was noticed Nationally and the figures in Lincoln were in keeping with this general increase.

### **Chicken Pox**

During 1960, 688 cases of Chicken Pox were notified, compared with 166 in 1959.

The doubt increases each year as to whether the notification of cases of Chicken Pox serves any useful purpose.

### **Measles**

Fifty-one cases of Measles were notified during the year and most cases occurred in pre-school children.

### **Dysentery**

Only four cases of Dysentery were notified during the year, compared with 64 during 1959. It is felt, however, that the total number of cases was probably more than this, although on the other hand it seems evident that in recent years Lincoln has not been troubled with this disease to the same extent as many other areas. The cases that occurred were sporadic, unrelated cases and the organism responsible was *Shigella Sonnei*, which is clinically mild.

This is a disease about which many people may be complacent—many may suffer but only a few report to their doctor.

### **Food Poisoning**

Eight cases were notified during the year compared with 24 cases in 1959. These cases were unrelated and the organism identified in seven of them was *Salmonella typhi-murium*. The organism in the other case was *Salmonella Thompson*. Further details are given in the report of the Chief Public Health Inspector.

There is little doubt that the above number does not represent the true incidence of this infection. Many people suffer from a relatively short bout of diarrhoea which is not reported to a medical practitioner and also when a doctor is consulted, often the case is not treated as food poisoning. Certainly no large outbreak occurred during the year but one cannot avoid the conclusion that the number of cases notified in no way represents the true incidence of the condition.

### **Pneumonia**

Eleven cases of Pneumonia were notified during the year, compared with 16 cases during 1959.

According to the Registrar-General's classification, which includes all forms of Pneumonia, there were 51 deaths due to Pneumonia in 1960, compared with 70 deaths from that illness during the previous year. The

apparent discrepancy between the number of notifications and the number of deaths is due to the fact that only cases of Acute Primary Pneumonia and Acute Influenzal Pneumonia are notified to the Local Authority. However, the figures are interesting as they indicate that Pneumonia is becoming a less common condition judged either by the number of notifications or the number of deaths.

### Poliomyelitis

One case of Paralytic Poliomyelitis was notified during the year, the case being diagnosed at the City Hospital. Although notified to the Lincoln Authority, this was not a Lincoln case as the person's normal place of residence was in a neighbouring County area.

Ten cases of Non-Paralytic Poliomyelitis were notified during the summer months. In the main, these cases presented with symptoms of a Meningo-Encephalitis and it is almost impossible clinically to be sure of the nature of the infecting virus in these cases without adequate help from the Virus Laboratory. The fact that no case of Paralytic Poliomyelitis occurred in the City made one suspicious of the diagnosis. Specimens were submitted to the Virus Laboratory in Sheffield during June, July and August, but not until 24th December was a report received to the effect that there was no evidence of Poliomyelitis Virus. As nine of the ten cases notified occurred in persons who had been vaccinated against Poliomyelitis, it is reassuring to note that the virus investigations were entirely negative.

In view of the negative laboratory report and the lack of any paralytic cases in the City, it seems likely that these cases were not in fact poliomyelitis, but were a Meningo-Encephalitis due to a virus the nature of which was not determined.

## TUBERCULOSIS

### Notifications

The number of notifications received during the year was 39 (25 pulmonary and 14 non-pulmonary) as compared with 52 (42 pulmonary and 10 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:—

				0—5 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY										
Males	...	...		1	—	4	2	7	1	15
Females	...	...		—	2	1	6	—	1	10
				1	2	5	8	7	2	25
MENINGES AND C.N.S.										
Males	...	...		—	—	—	—	—	—	—
Females	...	...		—	—	—	—	—	—	—
				—	—	—	—	—	—	—
OTHER FORMS										
Males	...	...		—	—	2	2	1	—	5
Females	...	...		—	—	—	5	3	1	9
				—	—	2	7	4	1	14

## Deaths from Tuberculosis

		Under 5 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
<b>RESPIRATORY</b>								
Males ...	...	—	—	—	—	1	2	3
Females	...	—	—	—	—	—	—	—
		—	—	—	—	1	2	3
<b>MENINGES AND C.N.S.</b>								
	...	—	—	—	—	—	—	—
<b>OTHER FORMS</b>								
Females	...	—	—	—	—	—	—	—

## Summary of Notifications and Deaths over last 10 years

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Notifications ...	62	66	77	66	47	44	63	53	52	39
Deaths ...	23	19	14	22	12	8	11	5	8	3

## General Comments

The above tables show the very great progress that has been made in recent years in the attempt to eliminate Tuberculosis. The number of new notifications was the smallest on record and the very small number of deaths, compared with the number of deaths from this disease in the previous decade, is a tribute to the hospital service and both Medical Officers and Nurses are to be congratulated on this achievement. Once again, the fatal cases were males over 45 years of age and it is this group which constitutes the hard core of Tuberculosis at the present time to which great attention needs to be given in the future.

The complete absence of Tuberculosis of the meninges and central nervous system is again in marked contrast to the position appertaining in the days before streptomycin was used. The clinical problem in a case of Tuberculous Meningitis at that time ended with the diagnosis, as no treatment was available. Now the treatment for this condition, if diagnosed early, is very effective but even more pleasing is the fact that cases are becoming distinctly uncommon. It may also be seen that Tuberculosis in children up to school leaving-age is no longer a problem and it must be recognised that the B.C.G. vaccination programme in school children is to protect the child from infection when leaving school and entering industry when he may come into contact with elderly persons who may be symptomless cases of infectious Tuberculosis, often in unsatisfactory environmental conditions.

There is, however, one slightly disturbing feature in an otherwise satisfactory picture of this disease, namely, that one has the impression that there is an increasing number of patients with pulmonary tuberculosis whose disease is resistant to the anti-tuberculous drugs. The treatment of these patients is more difficult and greater reliance has to be placed on the traditional "bed rest" form of therapy with surgical treatment in certain cases.

## Acute Rheumatism Regulations, 1953 to 1958

The Acute Rheumatism Regulations, 1953, provided for the notification of acute rheumatism in persons under the age of 16 years residing in specified parts of England including the County Borough of Lincoln.



The Acute Rheumatism (Amendment) Regulations, 1958, extend the operation of the 1953 Regulations for an indefinite period.

No case was notified in Lincoln during 1960.

Notifications during recent years are as follows:

1953	..	..	-
1954	..	..	4
1955	..	..	3
1956	..	..	1
1957	..	..	8
1958	..	..	2
1959	..	..	1
1960	..	..	-

## VENEREAL DISEASES

The Venereal Diseases clinic has been held at the County Hospital, Lincoln, since 1st January, 1953.

During 1960, 90 Lincoln patients attended for the first time. Of these 18 proved to be suffering from Venereal Disease and 72 from Non-Venereal conditions.

The number of new cases of Venereal Disease amongst patients domiciled in the City who came under treatment for the first time during the last five years was:—

				<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1956	..	..	..	8	16	24
1957	..	..	..	8	17	25
1958	..	..	..	5	19	24
1959	..	..	..	4	24	28
1960	..	..	..	5	13	18

It will be seen that there was a reduction in the number of cases of Venereal Disease occurring in Lincoln during 1960. This is a satisfactory situation, particularly when it is remembered that the incidence of Venereal Disease, especially that of Gonorrhoea, has shown a uniform and steady increase in most parts of the Country in recent years.

## WATER

I am indebted to Mr. D. Whiteley, the City Water Engineer and Manager, for the following brief report on the City's water supply:—

The quality and quantity of the water supplied in the Corporation's area both continue to be of a satisfactory nature.

Routine bacteriological examinations are made weekly of the raw water and also of the water passing through the mains. Quarterly chemical examinations of the water are also carried out. Copies of all reports are forwarded to the Health Department, thus maintaining a liaison between both departments.

The water supplied is not plumbo-solvent and is chlorinated as a prophylactic measure.

25,025 houses were supplied from public water mains covering a population of 73,730 within the City.

There are only a few houses remaining in the City which are supplied from outside taps.

## REGISTRATION OF NURSING HOMES

Homes first registered during the year	..	..	..	..	..	..	..	..	-
Homes whose registrations were withdrawn	..	..	..	..	..	..	..	..	-
Homes on the register at end of year	..	..	..	..	..	..	..	..	3
Number of beds provided:									
Maternity	..	..	..	..	..	..	..	..	7
Others	..	..	..	..	..	..	..	..	33

One of the Homes included in the table above is a Maternity Home for Unmarried Mothers, and is registered for 7 maternity beds, with total accommodation providing for upwards of 20 girls at any one time.

There is one Nursing Home exempt from registration. This Home was taken over by the Regional Hospital Board from July, 1948, and has since been recognised as a Hospital for Consultant beds. 39 beds are provided (Maternity 14; Others 25).

## SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

No formal action was taken during the year under the provisions of Section 47 of the National Assistance Act, 1948. However, cases did come to light during the year when action was contemplated but in every case it was possible to make satisfactory arrangements for the care of these elderly people without the use of a Magistrates Compulsory Removal Order.

In several cases compulsory removal would not have been avoided had it not been for the ready assistance of the Home Help Service. In some instances, the Home Helps were obliged to tackle houses which had not been cleaned for many years and the accumulation of dirt and rubbish was indescribable. Other cases were dealt with by admission to Part III accommodation after long and difficult attempts at persuasion had been successful.

## HOUSING

The total number of houses erected in the City was:—

	1960	1959
(a) By the Local Authority ..	308	290
(b) By private enterprise ..	195	134
	—	—
Total .. ..	503	424
	—	—

## APPENDIX

### PROPOSALS SUBMITTED TO THE MINISTER OF HEALTH BY LINCOLN HEALTH AUTHORITY UNDER SECTION 20 OF THE NATIONAL HEALTH SERVICE ACT, 1946, FOR THE PROVISION OF MENTAL HEALTH SERVICES UNDER SECTION 28 OF THE ACT

#### 1. General

A. The following proposals replace all existing proposals approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, or the after-care of such persons under Section 28 of the National Health Service Act. The existing proposals for carrying out duties under the Lunacy and Mental Treatment Acts, 1890—1930 and the Mental Deficiency Acts, 1913—1938 will continue in operation until the relevant Sections of these Acts are repealed and the proposals relating to duties under these Acts will then be replaced by the proposals set out below.

B. The Authority will make appropriate arrangements for the provisions of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular, the Authority's Services will include the provision of a Junior Training Centre (non-residential), Adult Training Centres (non-residential), Home Training if found to be necessary, Residential Accommodation and a Home Visiting Service. Consideration will also be given to the establishment of a Day Centre/Social Club.

#### 2. Organisation and Staff of the Services

A. The following is, in outline, a description of the existing organisation and staffing arrangements:—

A Mental Health Services Sub-Committee of the Health Committee is responsible for the general control of the Mental Health Service and the general plan for the control of the Service is as follows:—

##### *Medical*

The Medical Officer of Health is in charge of the organisation and control of the Service and for the medical direction of the Mental Welfare Officers. He is assisted by the Deputy Medical Officer of Health and one Assistant Medical Officer.

The services of the Consultant Psychiatrist on the Administrative Staff of the Regional Hospital Board are available in an advisory capacity.

There is close liaison between the Medical Superintendents and Psychiatrists at the Local Mental Hospitals and Mental Deficiency Hospitals and the Local Health Authority Staff, and the Mental Welfare Officers attend the Psychiatric Out-Patients Clinics regularly.

The Deputy Medical Superintendent of one of the Local Mental Hospitals is a member of the Local Health Authority's Mental Health Services Sub-Committee.

The General Practitioners in the City are kept informed of the availability of the Mental Welfare Officers (day and night service) and of the Mental Health Services provided and there is close co-operation.



*Non-Medical*

Two Male (one designated "Senior") and one Female Mental Welfare Officers are engaged full-time upon work under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts. All are designated "Authorised Officers" and they undertake the routine duties in connection with the initial care and conveyance to hospitals of patients suffering from mental illness and the supervision of mental defectives.

All these Officers have been trained at Residential Courses arranged by the Mental Health Association in conjunction with Leeds University and arrangements are made for attendance at Refresher Courses from time to time.

No clerical appointment has been made specifically for the Mental Health Service to date but the work is undertaken by clerks employed in Health Department duties generally.

B. In addition to the existing arrangements, the Authority proposes to increase the staff of the Mental Health Service as follows:—

*Medical*

The Local Health Authority propose to engage the services of a Consultant Psychiatrist (if possible employed by the Regional Hospital Board) on a sessional basis to carry out such duties as:—

Practising preventive psychiatry

Seeing patients who have been in mental hospitals who are now in the community and who need psychiatric guidance in the hope that re-admission to hospital may be prevented

Examining any patients referred by General Practitioners/Mental Welfare Officers who feel that the difficulties being experienced by the patients are such that the help of a Psychiatrist is needed

Acting as general adviser to the Health Department and to the Council on any Mental Health matters.

The Local Health Authority propose to approve certain Medical Practitioners as having special experience in the diagnosis or treatment of mental disorder for the purposes of the Mental Health Act, Sections 25 and 26, in accordance with Section 28. The Local Health Authority Medical Staff will be available for the provision of medical certificates for the compulsory admission of patients to hospital where it is impracticable to obtain the services of General Practitioners who have previous acquaintance with the patients.

*Non-Medical*

As the number of Mental Welfare Officers has recently been increased from two to three, it is considered that the number of Officers will be adequate for the Service until 1963, but the position will be kept under constant review and if it is found that additional Mental Welfare Officers are required, they will be recruited.

The possibility of sharing the services of a Psychiatric Social Worker with the Hospital Authorities will be explored during 1960.

*Clerical*

One whole-time Clerk for the Mental Health Service is to be appointed during 1960.

The Authority will take whatever measures are necessary to ensure that their staff are adequately trained and/or qualified.

### *Liaison with Other Authorities*

The following additional arrangements are contemplated for strengthening the links with the hospitals, general practitioners, etc.:—

Meetings have already been held with Officers of the Local Mental and Mental Deficiency Hospitals and further meetings will be held regularly.

The Mental Welfare Officers will visit hospital patients before their discharge so that there is continuity of support after leaving hospital and they will visit, as necessary, the relatives of patients in hospital thereby acting as a link between the patient and home. The Local Hospitals have agreed to continue to notify the Authority of all admissions and discharges and to furnish a medical report on each case discharged, with the patient's consent, to the Local Health Authority.

There will be close co-operation at the level of Hospital/Local Authority Social Worker.

Close liaison will be maintained with the General Practitioners and they will be kept informed of any details regarding expansion of the Local Authority Services.

Close co-operation will be maintained with the Local Branch of the Society for Mentally Handicapped Children of which the Medical Officer of Health, Deputy Medical Officer of Health and other staff of the Mental Health Service are members.

The Authority may make arrangements for the provision of services through other Authorities, voluntary organisations, or otherwise.

### **3. Services to be provided**

The Authority will carry out its duties under Section 28 of the National Health Service Act, 1946, in accordance with the following provisions:—

### **4. Junior Training Centres**

A. A New Training Centre, non-residential, was opened in Lincoln in February, 1958, having accommodation for approximately 70 defectives of all ages, divided into Infant and Junior Sections (sexes combined) and an Adult Male and an Adult Female Section.

On 1st March, 1960, there were on the register 17 males and 11 females under the age of 16 years.

By mutual arrangement, three places are available to defectives living in the northern part of the Kesteven County Council area.

The Centre is at present open during school terms only.

### *Staff*

The present staff comprises:—

- 1 Supervisor (Female) (Qualified)
- 1 Deputy Supervisor (at present undergoing Course of Training for Supervisors)
- 3 Assistants (Female)
- 1 Temporary Assistant (Female)

A Corporation double-decker bus is used for the daily conveyance of defectives to and from the Training Centre. One of the Assistants (mentioned above) acts as "Guide."

The usual ancillary services such as dental treatment and medical inspection are provided by the Local Health Authority.

Mid-morning milk is supplied and a mid-day meal is prepared and cooked on the premises.

B. The present Centre is considered adequate for the needs of Lincoln as a Junior Training Centre but further provision will be made if necessary. The Authority will continue to offer up to six places to the Kesteven County Authority.

It is proposed that, in future, this Centre will provide accommodation for males and females up to 16 years of age plus adult females. Separate provision is to be made for the adult males at present in attendance at this Centre—see “Adult Training Centres.”

The need for residential accommodation at this Training Centre is not considered necessary but provision will be made for children to be admitted to a Hostel for short periods as necessary in order to relieve parents. (See Residential Accommodation for Females.)

## 5. Adult Training Centres

A. The present Centre (non-residential) has accommodation for approximately 70 juniors and adults. At present there are 19 males and 17 females over 16 years on the register.

The existing staff, transport arrangements and ancillary services provided are outlined under the heading “Junior Training Centres, Section A.”

The work at present undertaken by the adults attending the Centre includes gardening, rug-making, basket and raffia work, etc.

The Centre is at present open for adults during School Terms only.

### B. (i) *Female Adult Training Centre*

It is proposed that the existing Centre should be available for juniors and adult females only—separate provision being made for adult males. Additional accommodation will, therefore, be available for approximately 20 adult females and it is proposed to admit mentally disordered patients, including some discharged from hospitals, in addition to the mentally subnormal.

The Centre would be open for adults throughout the year apart from Bank Holidays and for three weeks during the Summer. It is hoped that it will not be necessary to increase the staff of the Centre, although some re-arrangement of duties will be necessary.

It is hoped to extend the types of work undertaken at present by the adult females. If necessary separate provision will be made for adult females.

### (ii) *Male Adult Training Centre*

It is proposed to establish a separate Centre for approximately 30 adult males. This Centre would cater for the mentally subnormal, any psychopaths who are thought to be suitable for attendance and persons who have a residual disability following mental illness and are not fit to resume work in normal employment. (Until such a Centre is established, the male adults will continue to attend the existing Centre.) (See also “Residential Accommodation for Males.”)

It is proposed that the new Training Centre should be in close proximity to an Adult Male Hostel and if established on the same site, the Training Centre would be a much less expensive structure and possibly a large pre-fabricated structure would suffice.



As the building earmarked as a permanent Adult Male Hostel is not likely to be available until 1963, it is not proposed to establish a permanent Training Centre in the immediate future; however, a temporary Centre will be provided if suitable premises in the City become available for renting. Further provision will be made if necessary.

Similar activities to those already undertaken will be continued and the possibility of extending these activities will be explored.

The training Centre will be open for adult males throughout the year, apart from Bank Holidays and three weeks during the Summer.

## 6. Residential Accommodation

A. The only residential accommodation provided by the Local Authority at the present time is that provided in the Council's Part III accommodation under the National Assistance Act. A number of elderly mentally infirm persons are at present in such residential accommodation.

B. It is proposed that accommodation for the undermentioned shall be provided in residential hostels:—

- (i) The mentally subnormal
- (ii) E.S.N. or maladjusted young persons
- (iii) Patients discharged from Hospital who need some support on re-entering community life
- (iv) Elderly mentally infirm persons who do not need the services and resources of a Hospital.

For **Males** in the above-mentioned categories (i)—(iii):—

It is recommended that the lease of the present City Maternity Home, Macaulay Drive, Lincoln (by the City Council to the Regional Hospital Board), which expires in 1963 should not be renewed. It is understood that the Regional Hospital Board plan to build a new Maternity Unit in the near future at St. George's Hospital, Lincoln.

These premises would need a minimal amount of alteration in order to make them suitable for a Hostel providing accommodation for at least 30, but it will not be possible to establish this Hostel until after 1963.

In the meantime, a temporary Hostel will be established if suitable premises in the City become available for renting.

It is proposed that the residents in such a Hostel should attend the Adult Training Centre, whenever possible.

For **Females** in the above-mentioned categories (i)—(iii):—

It is felt that the need for a Hostel for males is more urgent than one for females. It is therefore not contemplated to establish a permanent Hostel for females within the next three years.

If a temporary Hostel for males is established within the next three years in rented premises, it may be possible to use these premises for females, after the transfer of the males to the permanent Hostel at the City Maternity Home sometime during or after 1963.

Consideration will be given at a later date to the possible use of "Beaumont Manor," at present used as Health Department Offices, as a Hostel for females. "Beaumont Manor" may become available when the Health Department Offices are transferred to the projected new Civic Centre. Hostel accommodation would be available for approximately 30, i.e. for adult females and for children for temporary periods as necessary.

It is proposed that the residents in such a Hostel should attend the Female Training Centre which is adjacent to "Beaumont Manor," as at present.

For the **Elderly Mentally Infirm** (Male and Female) (iv):—

It is considered that residential accommodation is necessary for approximately 50 elderly mentally infirm persons—there being more females than males in this group.

The Council's policy for the residential care of the elderly is to demolish the existing large institution, which has been used for many years and in the light of modern thought is considered unsatisfactory, and to erect a number of small purpose-built homes, each to accommodate approximately 50. It is proposed that one of these Homes should be used specifically for the elderly mentally infirm who require care and attention but do not need the specialised services, both medical and nursing, of a Mental Hospital.

Any elderly persons who are in Part III accommodation and who become mentally ill would remain there unless it was felt necessary to transfer them to the Home for the mentally disordered. It is doubtful if this Home will be available before 1963.

The Authority will provide such additional residential accommodation for the mentally disordered as may be necessary, either directly, or by arrangement with other Authorities, or bodies, or otherwise.

## 7. Home Training

A. As there is little demand at present for home teaching, a Home Teacher is not employed specifically on this work. The staff of the Training Centre are available, however, for home teaching duties as and when required.

B. As transport to and from the Training Centre is available, the need for home teaching is negligible. It is not proposed, therefore, to make any substantial change in the existing arrangements, and the staff of the Training Centre will continue to be available for home teaching duties as and when required. Further provision will, however, be made if necessary.

## 8. Day Centres, Social Clubs and other activities

A. There is no Day Centre or Social Club in existence in the City at the present time.

The Local Branch of the Society for Mentally Handicapped Children arrange social functions from time to time.

B. The establishment of a Social Centre is agreed to in principle and details will be explored at a later date. It is suggested that the present Training Centre or the lounge of a Hostel (when established) could be used for social activities.

Liaison will be maintained with the Local Branch of the Society for Mentally Handicapped Children regarding activities for all groups of the mentally disordered.

Further facilities will be provided, as necessary.

## **9. Home Visiting Service**

A. Home visiting in connection with the care and after-care of the mentally disordered is at present undertaken by the Mental Welfare Officers. The Health Visitors and Officers of the Welfare Department also undertake home visiting, especially to the elderly mentally infirm.

The Medical Staff of the Health and School Health Department are also available for home visiting when required.

The Home Help Service is available to assist in certain cases.

B. The present visiting service will be extended to include visits to hospital patients before their discharge and also to relatives of patients in hospital, thereby acting as a link between the patient and home.

If the proposal to share the services of a Psychiatric Social Worker with the Hospital Authorities materialises, additional domiciliary visiting by this Worker will be possible.

The Authority will make such arrangements as may be necessary to allow Mental Welfare Staff to take suitable training and will encourage them to do so.

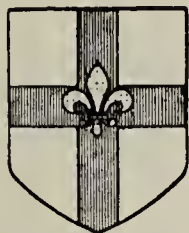
## **10. Guardianship**

The Authority will exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the Authority or of other persons.





CITY AND COUNTY  
BOROUGH OF LINCOLN



# ANNUAL REPORT

FOR THE YEAR

1960

BY

HAROLD SHIMELD, M.A.P.H.I.

*Chief Public Health Inspector*

The Right Worshipful the Mayor,  
Aldermen and Councillors of the  
City and County Borough of Lincoln.

City Health Department,  
Beaumont Fee,  
Lincoln.

*August, 1961.*

Mr. Mayor, Aldermen and Councillors,

I have the honour to present my report on the work of the Public Health Inspectors' section of the Health Department during the year 1960.

Once again I have to draw attention to the difficulty in maintaining the standard of efficiency in the Public Health Inspectors' Section to which we have been accustomed in the past. We commenced the year with five inspectors instead of the establishment of eight and although two new inspectors were appointed during the year, two others left, so that we ended the year as we began it with three inspectors short of establishment.

A second pupil was appointed and joined the department in November.

With such a depleted staff it was not possible to carry out all the duties for which Public Health Inspectors are responsible, and in this connection the routine inspection of food premises, a most important public health duty, was impossible; only a limited number of visits were made.

Slum Clearance was also affected and at the end of the year, which should have seen the completion of the Council's First Five Year Programme, 87 houses remained still to be dealt with.

For the first time for many years I have to report that 100% meat inspection was not maintained. Despite work outside normal hours on certain weekdays and on Sundays it was impossible for the staff to inspect all the animals slaughtered.

One pleasing feature of meat inspection has been the marked decrease in the incidence of tuberculosis in bovines; the percentage of infected animals is the lowest ever recorded in Lincoln.

The number of Food and Drug samples procured, which last year fell to 2.6 per 1,000 population, rose to 3.8, a figure nearer the average of the past five years.

In December a volumetric apparatus was installed in the Health Department for the purpose of measuring atmospheric pollution. The readings revealed that smoke pollution in the centre of Lincoln was greater than in the City of London, where six instruments all gave lower readings. For many years it has been accepted that domestic chimneys contributed 50% of the smoke found in the atmosphere. The figure is now thought to be nearer 80%. There is much to be done if the Clean Air Act of 1956 is to become a fully effective instrument in the fight against atmospheric pollution.

I am indebted to the members of the Public Health Inspectors' section for the manner in which they have carried out the extra duties imposed on



them by reason of staff shortage and I acknowledge the assistance I have received from the staffs of other Corporation Departments.

I am grateful to the Medical Officer of Health and to the members of the Health and Housing Committees for their support and for the interest they have shown in the work of the Public Health Inspectors.

I am, Your obedient Servant,

HAROLD SHIMELD,

*Chief Public Health Inspector.*

## SANITARY INSPECTION OF THE AREA

The public health inspectors' section of the Health Department is responsible for the administration of certain parts of the various Public Health and Housing Acts and the following other Acts and Regulations made thereunder:—

Agricultural Produce (Grading and Marking) Act, 1928.  
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956  
 Caravan Sites and Control of Development Act, 1960.  
 Clean Air Act, 1956.  
 Factories Acts, 1937 to 1959.  
 Fertilisers and Feeding Stuffs Act, 1926.  
 Food and Drugs Act, 1955.  
 Merchandise Marks Acts, 1887 to 1953.  
 Pet Animals Act, 1951.  
 Prevention of Damage by Pests Act, 1949.  
 Rag Flock and Other Filling Materials Act, 1951.  
 Rent Act, 1957.  
 Shops Act, 1950.  
 Slaughterhouses Act, 1954—1958.  
 Slaughter of Animals Acts, 1954—1958.

### General Inspections

DWELLINGHOUSES						<i>Re- Inspections</i>
Re Complaints	..	..	..	..	782	1379
Dirty	..	..	..	..	11	5
Housing Act, 1936—Inspections	..	..	..	..	1146	1059
Overcrowding Provisions	..	..	..	..	6	3
Housing Removal—Enquiries	..	..	..	..	11	—
Supervision of Removal	..	..	..	..	—	—
Re Notifiable Diseases	..	..	..	..	33	50
Re Contacts	..	..	..	..	2	2
Re Other Diseases	..	..	..	..	3	1
Verminous	..	..	..	..	19	15
Water Supply	..	..	..	..	288	29
DRAINS						
Inspected	..	..	..	..	296	220
Tested	{ Colour	..	..	..	33	2
	{ Grenade	..	..	..	9	—
	{ Smoke	..	..	..	50	9
	{ Water	..	..	..	13	4
MISCELLANEOUS						
Canal Boats	..	..	..	..	6	—
Factories	{ Mechanical	..	..	..	1885	19
	{ Non-Mechanical	..	..	..	5	16
Houseboats	..	..	..	..	3	2
Interviews	..	..	..	..	662	—
Moveable Dwellings and Sites	..	..	..	..	84	4
Nursing Homes	..	..	..	..	3	—
Offensive Trades	..	..	..	..	22	37
Pet Animal Shops	..	..	..	..	6	1
Plots of Waste Land	..	..	..	..	46	28
Rag Flock and Other Filling Materials	..	..	..	..	—	—

	<i>Inspections</i>	<i>Re- Inspections</i>
Rodent and other pests .. .. .	93	40
Schools .. .. .	8	1
Sewers, Ventilators, Street Gullies etc. ..	64	37
Smoke Observations .. .. .	91	18
Swimming Baths .. .. .	100	—
Swine, Fowls and other animals .. .. .	25	11
Theatres and Cinemas .. .. .	15	4
Unclassified Visits .. .. .	553	3

## Housing Act, 1957.

### INFORMAL AND STATUTORY NOTICES SERVED.

Informal Notices outstanding December, 1959 .. .. .	82
„    „    served 1960 .. .. .	219
„    „    complied with 1960 .. .. .	163
„    „    outstanding December, 1960 .. .. .	138
Statutory Notices outstanding December, 1959 .. .. .	9
„    „    served 1960 .. .. .	123
„    „    complied with 1960 .. .. .	31
„    „    outstanding December, 1960 .. .. .	101
No. of complaints received and recorded at the Health Department .. .. .	492

The owners of a terrace of 12 houses failed to comply with a statutory notice requiring the paving of a common passage and the works were carried out by the Council on default at a cost of £90 0s. 4d. A formal demand was served upon the owner having the greater interest for the payment of this amount.

The charge is registered in the Local Land Charges Register.

### Local Land Charges.

1392 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

### Clearance Areas, Demolition and/or Closing Orders.

No. of demolition orders made .. .. .	14
No. of houses demolished in pursuance of demolition orders ..	11
No. of buildings closed .. .. .	3
No. of Council owned houses dealt with by unfitness orders ..	16
No. of houses included in Clearance Areas demolished .. .. .	1
No. of houses demolished in pursuance of undertakings given by the owners .. .. .	1
No. of houses demolished in anticipation of formal action ..	—

### Works Done.

The following works were carried out by the service of statutory notice, informal notice or other informal action.

#### HOUSES:

Accumulation of manure or refuse removed .. .. .	7
Chimneys repaired .. .. .	8
Damp proof courses provided .. .. .	1
Doors and locks repaired or renewed .. .. .	21
Eavesgutters cleansed .. .. .	13
„    repaired or renewed .. .. .	19



Fallpipes cleansed .. .. .	2
„ repaired or renewed .. .. .	4
Fireplaces repaired or renewed .. .. .	10
Floors repaired or renewed .. .. .	15
Nuisances abated arising from the keeping of swine or other animals .. .. .	1
Paving of yards or passages repaired or renewed .. .. .	17
Roofs repaired or renewed .. .. .	58
Stairs repaired .. .. .	11
Wall or ceiling plaster repaired .. .. .	51
Walls pointed, rendered, or treated with petrifying solution .. .. .	17
Walls taken down and rebuilt .. .. .	4
Water supply provided .. .. .	27
Windows and frames repaired or renewed .. .. .	30
Washing coppers repaired or renewed .. .. .	2

## VERMINOUS HOUSES:

Disinfested and rooms fumigated .. .. .	11
---	----

## DRAINAGE:

Drains cleansed .. .. .	104
„ disconnected from the sewer or intercepted .. .. .	4
„ examined .. .. .	227
„ openings removed from inside buildings .. .. .	3
„ repaired .. .. .	36
„ reconstructed .. .. .	27
„ tested—colour .. .. .	23
„ grenade .. .. .	15
„ smoke .. .. .	42
„ water .. .. .	8
Gullies additional provided .. .. .	1
„ cleansed .. .. .	11
„ renewed .. .. .	5
Inspection Chambers built .. .. .	9
„ „ repaired .. .. .	2
„ „ covers or frames provided .. .. .	1
Public Sewers cleansed. Section 20 (a) P.H.A. 1936 .. .. .	58
„ „ repaired „ „ .. .. .	13
Sinks provided .. .. .	17
„ renewed .. .. .	1
„ repaired .. .. .	1
„ waste pipes renewed .. .. .	2
„ waste pipes trapped .. .. .	3
Urinals repaired .. .. .	2

## WATER CLOSETS:

Cisterns repaired or renewed .. .. .	16
Flush pipes repaired or renewed .. .. .	7
Pedestal washdown basin renewed .. .. .	7
Pedestal washdown basin provided in lieu of old pan apparatus .. .. .	10
Provided .. .. .	4
Reconstructed .. .. .	2
Repaired .. .. .	8
Soilpipes repaired or renewed .. .. .	2
Ventpipes repaired or renewed .. .. .	4
Water supply provided or renewed .. .. .	5

### **Provision of Dustbins to Private Dwellinghouses.**

Since 1953 the Council have operated Section 75 (3) of the Public Health Act, 1936 whereby they undertake to provide and maintain dustbins for the reception of house refuse at an annual charge not exceeding 7/6 in respect of each dustbin provided and recovered as part of the general rate in respect of the premises for which the dustbin has been provided. The charge becomes due on the first day of April each year.

During the year 1960 ninety-eight dustbins were provided and nine were renewed.

In all 2,232 premises have now been provided with dustbins by the Council.

In certain cases bins provided by the Council are collected and returned to stock principally where properties change hands and the new owners wish to provide their own bins.

### **Eradication of Bed Bugs**

No. of Council houses found to be infested	..	..	..	3
No. of Council houses disinfested	..	..	..	3
No. of other houses found to be infested	..	..	..	Nil

All the houses were successfully disinfested, a liquid insecticide, containing Malathion being employed.

The Public Health Inspectors take the opportunity as occasion may arise to advise as to methods to be adopted to prevent re-infestation after cleansing.

### **Rent Act, 1957.**

The Housing Committee considered 18 applications for certificates of disrepair, 1 application was refused and in the remaining cases certificates were either issued or undertakings from the owners accepted.

12 applications for the cancellation of certificates were considered, 8 granted and 4 refused.

4 applications by tenants and/or landlords for certificates that defects specified in undertakings had or had not been remedied before the expiration of six months from the date of the undertaking were considered, all were granted.

### **Offensive Trades**

The following offensive trades were carried on in the City with the Consent of the Council.

Rag and Bone Dealers	..	..	..	3
'Tripe Boiler	..	..	..	1

The trades were carried on in conformity with the byelaws.

### **Swimming Baths.**

There is one public swimming bath in the City and two swimming baths attached to schools. All the baths are supplied with mains water.

The public swimming bath is a large open air pool. Water purification is by a continuous process using strainers, pressure filters, an aerating fountain and chlorination by chlorine gas plant. Break point chlorination is in operation. The purpose of this method of chlorination is to ensure a free chlorine residual which is much more rapidly bactericidal thus dealing promptly with bacterial pollution introduced into the water by bathers.

One of the school baths is a heated indoor pool. Water purification is by a continuous process using strainers, pressure filters and chlorination by chlorine gas plant.

The other school bath is an open air pool with provision for heating the water by means of an oil fired boiler. Water purification is by a continuous process using strainers, pressure filters and chlorination by the chemical solution method.

These swimming baths have been visited regularly when in use and tests applied to determine the amount of free chlorine in the water.

Routine sampling of the water was carried out for bacteriological examination. 113 samples were taken and two of these were unsatisfactory. In one case at a school swimming bath no free chlorine was detected in the water at the time of taking the bacteriological sample and the bath was closed down immediately until fresh supplies of chlorine were available. The subsequent bacteriological report confirmed the wisdom of this course of action.

The other unsatisfactory sample was obtained from the public swimming bath. Remedial measures were taken and all subsequent samples have been satisfactory.

### **Clean Air Act, 1956**

#### *Measurement of Atmospheric Pollution*

Smoke and sulphur dioxide measurement by means of a volumetric instrument began in December, 1960. This apparatus, situated at the City Health Department Beaumont Fee, filters air continuously night and day and is read daily.

The result of the first month's readings showed that smoke pollution for December, 1960, was greater in the centre of Lincoln than it was in the City of London, where the six instruments all gave lower readings than Lincoln's.

#### *Change in Administration*

The City Council delegated its powers under Sections 3 and 10 of the Clean Air Act to the Health Committee during the year.

Section 3 gives authority to approve fuel burning installations, thus ensuring that plant which will not cause smoke is used. All fuel burning appliances except those having a heating capacity below 55,000 British Thermal Units per hour and used solely for domestic purposes must be notified to the Local Authority before installation. This fact does not appear to be widely known and several cases of default by Architects and Heating Engineers were brought to light during the year and appropriate action taken.

Section 10 gives power to control the height of chimneys so that harmful gases do not descend too rapidly to ground level or become a nuisance to the occupants of neighbouring buildings. The Local Authority **must** reject the plans if the proposed chimney height is insufficient.

#### *Smoke Control Areas*

Lincoln No. 1 Smoke Control Area at Skellingthorpe was given provisional approval by the Minister in March but no further progress was made during the year. Many people now taking up residence in the area may be unaware that when the order is eventually brought into force it will be an offence to burn ordinary coal and it will be necessary for the solid fuel appliances in the houses to burn smokeless fuel efficiently. Houses which have been built since the Act came into force in 1956 do not qualify for grant assistance in the conversion of fireplaces for smokeless burning as older houses do.

### **Canal Boats.**

Number of boats on the register	..	..	..	..	..	49
---------------------------------	----	----	----	----	----	----



Number of inspections made	..	..	..	..	..	6
„ „ men on board	..	..	..	..	..	12
„ „ women on board	..	..	..	..	..	—
„ „ children on board	..	..	..	..	..	—
Certificate of registration not produced	..	..	..	..	..	—
Cases of Infectious Diseases	..	..	..	..	..	—
Legal proceedings taken	..	..	..	..	..	—
Number of boats believed to be available	..	..	..	..	..	49
„ „ motor propelled boats registered	..	..	..	..	..	2

### Shops Act, 1950

Owing to pressure of more urgent public health duties it has not been possible to devote any time to the inspection of shops in connection with the general requirements of the Act. Shops have, however, been visited in response to queries from shopkeepers and the Deputy Chief Public Health Inspector addressed the local branch of the Union of Shop Distributive and Allied workers at an evening meeting.

### Prevention of Damage by Pests Act, 1949.

	TYPE OF PROPERTY				
	Non-Agricultural				(5)
	(1)	(2)	(3)	(4)	
	<i>Local Auth- ority</i>	<i>Dwelling Houses (inc. Council Houses)</i>	<i>All other (including business premises)</i>	<i>Total of Cols. (1), (2) and (3)</i>	<i>Agri- cultur- al.</i>
I. Number of properties ... in Local Authority's District	105	24,108	3,084	27,297	63
II. Number of properties inspected as a result of:					
(a) Notification ...	26	180	59	265	0
(b) Survey under the Act	3	107	17	127	3
(c) Otherwise ( <i>e.g.</i> , when visited primarily for some other purpose) ...	—	—	—	5470	—
III. Total inspections carried out including re-inspections ...	—	—	—	8884	—
IV. Number of properties inspected (in Sec. II) which were found to be infested by:					
(a) Rats { Major ...	1	0	2	3	0
{ Minor ...	19	132	45	196	0
(b) Mice { Major ...	0	0	4	4	0
{ Minor ...	4	5	7	16	0
V. Number of infested properties (in Sec. IV) treated by the L.A.	24	30	51	105	0
VI. Total treatments carried out—including re-treatments ...	30	34	86	150	0
VII. Number of notices served under Section 4 of the Act:					
(a) Treatment ...	Nil	Nil	Nil	Nil	Nil
(b) Structural Work ( <i>i.e.</i> , Proofing) ...	Nil	Nil	Nil	Nil	Nil
VIII. Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act ...	Nil	Nil	Nil	Nil	Nil
IX. Legal Proceedings ...	Nil	Nil	Nil	Nil	Nil
X. Number of "Block" control schemes carried out ...	Three block surveys carried out involving 86 private and 6 business premises				
Number of rat bodies recovered as the result of poisoning ...	...	...	...	...	912
Number of rats estimated to be poisoned, the estimate being based on the weight of poisoned bait taken ...	...	...	...	...	1,694
Number of mice caught by traps ...	...	...	...	...	229

# FACTORIES ACTS 1937 TO 1959

## *Part I of the Act*

### INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspec- tions</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	19	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	280	1885	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	26	—	—	—
TOTAL ... ..	325	1890	1	—

### CASES IN WHICH DEFECTS WERE FOUND:

<i>Particulars</i>	<i>Found</i>	<i>Reme- died</i>	<i>Number of cases in which defects were found</i>		<i>Number of cases in which prose- cutions were instituted</i>
			<i>Referred to H.M In- spectors</i>	<i>by H.M In- spectors</i>	
Want of Cleanliness (S.1) ... ..	1	1	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
Insufficient ... ..	—	—	—	—	—
Unsuitable or defective ... ..	1	1	—	1	—
Not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	—	—	—	—	—
TOTAL ... ..	2	2	—	1	—

## *Part VIII of the Act—(Sections 110 and 111)*

### OUTWORK:

<i>Nature of Work</i>	<i>No. of out- workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in send- ing lists to the Council</i>	<i>No. of prose- cutions for failure to supply lists</i>	<i>No. of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>
Wearing Apparel Making, etc.	11	—	—	—	—	—

### **Fertilisers and Feeding Stuffs Act, 1926**

Eight formal samples of Feeding Stuffs were procured, all of which conformed to the guarantee.

Seven informal samples of Fertilisers were procured. Six samples conformed and one sample practically conformed to the guarantee.

### **Agricultural Produce (Grading and Marking) Act, 1928.**

Appropriate steps were taken to acquaint shopkeepers and traders with the requirements of these Acts.

### **Rag Flock and other Filling Materials Act, 1951.**

Five premises are registered under the above Act.

No samples were taken during the year.

### **Pet Animals Act, 1951.**

The above Act regulates the sale of pet animals and requires all persons keeping a pet animal shop to hold a licence. During the year six pet animal shops were licensed on payment of an annual fee of 10/- in each case and in accordance with certain conditions attached to the licence.

### **Agriculture (Safety, Health and Welfare Provisions) Act, 1956.**

No action was found necessary during the year.

## **FOOD AND DRUGS ACT, 1955**

### **Inspections of Food Premises.**

Bakehouses .. .. .	39
Dairies .. .. .	182
Food Inspections other than meat .. .. .	3,090
Hotels and other catering establishments .. .. .	81
Markets .. .. .	82
Markets (Auction) .. .. .	16
Shops, English and Foreign Meat .. .. .	57
„ Fish .. .. .	17
„ Fried fish and chip .. .. .	31
„ Fruit and vegetable .. .. .	41
„ General provisions .. .. .	127
„ Horseflesh .. .. .	65
„ Ice Cream .. .. .	16
„ Milk .. .. .	91
„ Tripe .. .. .	4
„ Other .. .. .	8
Slaughterhouses .. .. .	1,605
Warehouses .. .. .	38
Vehicles carrying food .. .. .	542
School Kitchens .. .. .	7

### **Food Poisoning.**

Food poisoning and suspected food poisoning investigations ..	27
Clinical specimens submitted for bacteriological examination ..	79
Food samples submitted for bacteriological examination .. ..	—

Eight cases of food poisoning were notified during the year. In seven cases the organism isolated was salmonella typhi-murium and in one case salmonella thompson.

Thirteen further cases involving five families were notified but not subsequently confirmed.



### Food Hygiene Regulations, 1955.

It has been ascertained that the number of food premises in the city, by type of business, is as under:—

Bakers and Confectioners	..	..	..	..	..	..	31
Butchers	..	..	..	..	..	..	79
Cafes and Snack Bars	..	..	..	..	..	..	36
Chemists	..	..	..	..	..	..	27
Clubs	..	..	..	..	..	..	15
Confectioners	..	..	..	..	..	..	60
Fish, Rabbits and Poultry	..	..	..	..	..	..	21
Fried Fish Shops	..	..	..	..	..	..	45
Fruiterers and Greengrocers	..	..	..	..	..	..	76
General Grocers	..	..	..	..	..	..	104
Grocers	..	..	..	..	..	..	167
Hospitals, Maternity Homes, Old People's Homes and Children's Homes	..	..	..	..	..	..	17
Hotels (Unlicenced)	..	..	..	..	..	..	7
Public Houses and Licenced Hotels	..	..	..	..	..	..	98
School Canteens	..	..	..	..	..	..	20
Wine and Spirit Merchants	..	..	..	..	..	..	13
Works Canteens	..	..	..	..	..	..	21
Miscellaneous—mixed	..	..	..	..	..	..	38
Total							875

The occupiers of food premises have continued to co-operate with the Department in carrying out many improvements. It was not necessary to institute any prosecutions under the Regulations.

### Food Samples.

281 samples of food and drugs were procured and submitted to the Public Analyst who certified 242 samples genuine and 39 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.81.

The details of the samples procured, the number adulterated or otherwise giving rise to irregularity and the administrative action taken are given below:—

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulter- ated</i>	<i>Total</i>
Milk	48	171	180	39	219
Sage & Onion Stuffing with Suet	—	2	2	—	2
Canadian Crackers	—	1	1	—	1
Buttered Chocolate with Glucose Sweets	—	1	1	—	1
Shredded Beef Suet	—	2	2	—	2
Scone Mix	—	1	1	—	1
Royal Instant Pudding	—	1	1	—	1
Minestrone Vegetable Soup	—	1	1	—	1
Self Raising Flour	—	2	2	—	2
Cheese and Celery Spread	—	1	1	—	1
Lard	—	1	1	—	1
Jam Sandwich Mix with Jam	—	1	1	—	1
Tea	—	2	2	—	2

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulter- ated</i>	<i>Total</i>
Milk Chocolate Cigarettes	.. -	1	1	-	1
Dripping .. ..	.. -	1	1	-	1
Emprote Food Beverage	.. -	1	1	-	1
Coconut Candy .. ..	.. -	1	1	-	1
Date and Walnut Cake	.. .. -	1	1	-	1
White Pepper .. ..	.. -	1	1	-	1
Baking Powder .. ..	.. -	1	1	-	1
Oxtail Soup .. ..	.. -	2	2	-	2
Coffee and Chicory	.. .. -	1	1	-	1
Demerara Sugar .. ..	.. -	1	1	-	1
Stoned Raisins .. ..	.. -	1	1	-	1
Tapioca .. ..	.. -	1	1	-	1
Gravy Salt .. ..	.. -	1	1	-	1
Cut Mixed Peel .. ..	.. -	2	2	-	2
Butter .. ..	.. -	3	3	-	3
Margarine .. ..	.. -	2	2	-	2
Glace Cherries .. ..	.. -	2	2	-	2
Raspberry flavoured milk drink	.. 1	-	1	-	1
Currants .. ..	.. -	1	1	-	1
Raisins .. ..	.. -	1	1	-	1
Rice Pudding .. ..	.. -	1	1	-	1
Tinned Tomatoes	.. .. -	1	1	-	1
Quenchers .. ..	.. -	1	1	-	1
Ham and Beef Paste	.. .. -	1	1	-	1
Prawn Fish Paste	.. .. -	1	1	-	1
Ground Almonds	.. .. -	1	1	-	1
Chicken Soup .. ..	.. -	1	1	-	1
Mincemeat .. ..	.. -	1	1	-	1
Cooking Fat .. ..	.. -	1	1	-	1
Golden Crumbs .. ..	.. -	1	1	-	1
Tomato Ketchup .. ..	.. -	1	1	-	1
Strawberry Butter puffs with jam and butter filling	.. .. -	1	1	-	1
Spring Vegetable Soup	.. .. -	1	1	-	1
Corn Oil .. ..	.. -	1	1	-	1
Vanilla Flavouring	.. .. -	1	1	-	1
Flying Saucers .. ..	.. -	1	1	-	1
Christmas Pudding	.. .. -	1	1	-	1
Dairy Ice Cream .. ..	.. -	1	1	-	1
	49	232	242	39	281

### Samples adulterated or otherwise giving rise to Irregularity

#### (a) *Administrative action taken.*

Of the 39 samples adulterated or otherwise giving rise to irregularity 33 were taken formally and 6 informally.

#### (b) *Legal Proceedings.*

No legal proceedings were taken.

*(c) Informal Action.*

1. Milk. Producer sold milk 5.1% deficient in Milk-fat and containing 2.7 parts added water. This was an informal sample. Eight formal samples were taken. Six samples contained added water in amounts varying from a trace to 3% and five samples were deficient in milk-fat, the amounts varying from 8.8% to 19.6%. Eight "Appeal to Cow" samples were taken and six of these were deficient in milk-fat in amounts varying from slightly deficient to 23%. The Town Clerk sent a letter of warning to the producer. He also wrote to the Milk Marketing Board requesting them to give advice to the producer.
2. Milk. Producer sold milk slightly deficient in milk-fat. This was an informal sample. Twelve formal samples were taken. Ten samples were deficient in milk-fat in amounts varying from slightly deficient to 21.6%. Thirteen "Appeal to Cow" samples were taken. Eight were deficient in milk-fat in amounts varying from slightly deficient to 20%. The Town Clerk wrote to the Milk Marketing Board requesting them to give advice to the producer.
3. Milk. Producer sold milk slightly deficient in milk-solids other than milk-fat and containing a trace of added water. This was an informal sample; the formal samples proved genuine.
4. Milk. Producer sold milk slightly deficient in milk-fat. This was an informal sample; the formal sample proved genuine.
5. Milk. Producer sold milk slightly deficient in milk-fat and milk-solids other than milk-fat. This was an informal sample. Two formal samples were taken, one of which was deficient in milk-fat to the extent of 18.4% and contained 8.8% added water. When the Sampling Officer procured this latter sample he noticed the churn was punctured and milk seeping out. On visiting the farm it was found that the milk was cooled by means of an in churn cooler. No further action was taken in this case.
6. Milk. Producer sold milk containing 7% added water. This was an informal sample; formal samples proved genuine.

**Offences other than those indicated by Sampling***Legal Proceedings*

1. Sold a cake containing an insect. The defendant convicted and fined £2.
2. Sold a chocolate éclair which was mouldy. The defendants convicted and fined £5.

*Informal Action*

1. Sold a sweet containing the disintegrated remains of an insect. The sweets were purchased four or five weeks before the complaint was made to the Health Department. The manufacturers concerned examined the sweet in their laboratory and confirmed that the insect was a wasp and that the sweets in question were manufactured in August, 1959. No further action was taken.
2. Sold sweet containing a small piece of perspex. Only the perspex was brought to the Health Department. Extensive enquiries by the



manufacturers failed to discover how this object got into one of their sweets. No further action was taken.

3. Alleged sale of mouldy loaf. No action was taken.

### Milk Supply

Lincoln is a Specified Area in which only specially designated milk may be sold by retail.

#### *Milk and Dairies (General) Regulations, 1959.*

No. of milk distributors on the Register .. .. .	134
No. of dairies on the Register .. .. .	5

#### *The Milk (Special Designation) (Raw Milk) Regulations, 1949/1954.*

No. of dealers licences to use the designation "Tuberculin Tested" .. .. .	24
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#### *The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949/1954.*

No. of dealers (Pasteuriser's) licences .. .. .	2
No. of dealers licences to use the designation "Pasteurised" ..	46
No. of dealers licences to use the designation "Sterilised" ..	125

420 samples of designated milk were submitted for examination and of these 3 samples of Pasteurised and 14 of Tuberculin Tested (Farm Bottled) milk failed to pass the tests prescribed by the appropriate Regulations. The latter samples were referred to the Ministry of Agriculture, Fisheries and Food and subsequent samples proved satisfactory.

All the samples were examined at the Public Health Laboratory, Lincoln.

The following tables give the information in more detail:—

#### HEAT TREATED MILK:

Designation	No. of samples	Passed		Failed		Passed Failed		Unsatisfactory Samples	
		Meth. Blue Test	Phosphatase	Meth. Blue Test	Phosphatase	Turbidity		No.	%
Pasteurised	165	163	165	1	—	—	—	1	0.60
Pasteurised (School)	132	127	132	1	—	—	—	1	0.75
Tuberculin Tested (Pasteurised)	37	35	37	1	—	—	—	1	2.70
Tuberculin Tested (Pasteurised) (Channel Island)	9	9	9	—	—	—	—	—	—
Sterilised	24	—	—	—	—	24	—	—	—
	367	334	343	3	—	24	—	3	0.81

All the samples of Pasteurised milk were not submitted to the Methylene Blue Test, on certain occasions the overnight atmospheric shade temperature exceeded 65°F. and the test was thus rendered void.

#### RAW MILK:

Designation	No. of samples	Methylene Blue Passed	Methylene Blue Failed	Unsatisfactory No.	Samples %
Tuberculin Tested (Farm Bottled)	53	39	14	14	26.41

### *Examination for Tubercle Bacilli and Brucella Abortus*

The following 16 samples of milk were submitted for biological examination, with negative results.

Tuberculin Tested (Raw milk)	..	..	10
Pasteurised	..	..	6

All the samples were examined at the Public Health Laboratory, Lincoln.

### **Ice Cream.**

No. of premises registered for manufacture	..	..	..	—
No. of premises registered for sale	..	..	..	293

Eleven samples were examined at the Public Health Laboratory, Lincoln.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>	<i>Percentage</i>
1	4½ hours or more	11	100
2	2½ to 4 hours	—	—
3	½ to 2 hours	—	—
4	0	—	—

In Ministry of Health Circular 69/47 dated 10-4-47 it is suggested that if, out of the four grades recommended, ice cream consistently fails to reach grades 1 and 2 it would be reasonable to regard this as indicating defects of manufacture or handling which call for further investigation.

### **Preserved Food**

80 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food. 29 of these have ceased to function for the purpose for which they were registered.

### **Inspection of Meat**

The Meat (Staining and Sterilisation) Regulations, 1960, came into operation on 1st November, 1960 and this made it necessary for the Markets Committee to arrange a new contract with the local firm which had been disposing of condemned meat and offal. This firm had the necessary facilities and equipment for dealing with condemned meat and offal in an economic manner but the new legislation provided for safeguards in the transport of it.

Arrangements were made for condemned material to be collected from the public abattoir and the private slaughter-houses and bacon factories either in a locked container or vehicle bearing a notice of adequate size and conspicuously visible stating distinctly and legibly that the meat is not for human consumption.

In addition to the City Abattoir there are three licensed private slaughter-houses in the City. Two of the licensed slaughter-houses are also bacon factories.

The amount of slaughtering in the evenings and at weekends involved 358½ hours of overtime by meat inspectors on duty at the slaughterhouses.

The number of food animals slaughtered at the four slaughter-houses was 44,052 as compared with 46,823 in 1959, a decrease of 2,771 animals.

It is a matter of grave concern that despite every effort of a depleted staff, 44 of these animals were not inspected with the consequent risk that diseased meat may have reached the unsuspecting public.

The following table shows the incidence of tuberculosis and other diseases in the various classes of animals.

		<i>Cattle</i>				
		<i>excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed ..	..	5,496	276	215	17,256	20,809
Number inspected ..	..	5,496	276	215	17,256	20,765
<i>All Diseases except</i>						
<i>Tuberculosis:</i>						
Whole carcasses condemned		8	12	25	54	30
Carcasses of which some part						
or organ was condemned		1,651	66	5	317	2,655
Percentage of the number						
inspected affected with						
disease other than tu-						
berculosis .. ..	.. ..	30.12	27.89	13.95	2.15	12.93
<i>Tuberculosis only:</i>						
Whole carcasses condemned		1	—	—	—	3
Carcasses of which some part						
or organ was condemned		160	19	2	—	1,027
Percentage of the number						
inspected affected with						
tuberculosis .. ..	.. ..	2.92	6.86	0.93	—	4.96
<i>Cysticercosis</i>						
Carcasses of which some part						
or organ was condemned		48	—	—	—	—
Carcasses submitted to treat-						
ment by refrigeration		48	—	—	—	—
Generalised and totally con-						
demned .. .. .	.. .. .	—	—	—	—	—

During the year the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food sent into the abattoir two cows under the Tuberculosis Order, 1938.

There has been a dramatic decrease in the incidence of tuberculosis in bovine animals. This is a result of the policy of elimination of tuberculous cattle carried out by the Ministry of Agriculture, Fisheries and Food (Animal Health Division).

#### *Cysticercus Bovis.*

This is the twelfth year in which routine inspection has been carried out for the detection of cysticercus bovis.

Viable cysts were found in 48 animals. The following table shows the incidence of infection of all bovines inspected to be 0.83%. This is a slight increase on the 1959 figures of 34 animals representing 0.63% of bovines slaughtered. This increase is not significant.

<i>Bovines</i>		<i>No. infected with</i>		<i>No. of Generalis-</i>		<i>Percentage</i>
<i>Slaughtered</i>		<i>C. Bovis</i>		<i>ed Cases</i>		
<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	<i>infection of</i>
						<i>all Bovines.</i>
276	5,496	Nil	48	—	—	0.83%
			(0.87%)			



The cysts were located in the animals as follows:—

Head	..	..	46
Heart	..	..	—
Head and heart	..		2

The carcasses and the remainder of the offal of the 48 animals were put into cold storage at a temperature not exceeding 20°F. for a period of not less than 3 weeks, or at a temperature not exceeding 14°F. for a period of not less than 2 weeks and afterwards released for human consumption. This is in accordance with the practice recommended by the Ministry of Agriculture, Fisheries and Food.

### Foods Condemned.

The amount of foodstuffs condemned as unfit for human consumption was:—

					<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	..	..	17	13	1	7½
Offals	..	..	..	..	18	18	4	8½
Fish	..	..	..	..	—	—	4	13¼
Fruit, Vegetables and other food	..	..	..	..	2	7	2	3¾
					38	19	5	4¾

The amount of foodstuffs condemned in 1959 was 58 tons 13 cwt. 3 sts. 13¾ lbs.

### Slaughter of Animals Act, 1958.

Fifty-nine applications for licences to slaughter or stun animals in a slaughterhouse were granted during the year.

Licences granted under the Slaughter of Animals Act, 1958 specify the kind of animals which may be slaughtered or stunned by the holder of the licence and the types of instruments which may be used by him for slaughtering or stunning any such animals. The period for which the licence may be granted shall not exceed one year but may be renewed at the discretion of the local authority.

CITY OF LINCOLN  
EDUCATION COMMITTEE

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ANNUAL REPORT  
ON THE  
SCHOOL HEALTH SERVICE  
FOR THE  
YEAR ENDED 31st DECEMBER, 1960

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R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

*Medical Officer of Health and Principal School  
Medical Officer for the City of Lincoln*

## CITY OF LINCOLN EDUCATION COMMITTEE

YEAR ENDED 31ST AUGUST, 1960

*Chairman of the Education Committee:*  
Councillor K. RAWDING

### *Members of the Education Committee:*

Alderman C. H. DOUGHTY, J.P.	Councillor K. RAWDING
Alderman SIR FRANCIS HILL, C.B.E. Litt.D., LL.M.	Councillor E. J. RICHARDSON, J.P.
Alderman H. W. MARTIN, M.P.S.	Councillor Mrs. M. R. SOOKIAS*
Alderman J. W. RAYMENT, J.P.	Councillor R. WADSWORTH*
Alderman C. E. SNOOK, J.P.	Councillor J. T. WARD*
Councillor W. J. BELL	Councillor S. WILSON
Councillor Dr. A. H. BRIGGS,* M.Sc., M.B., Ch.B., D.O.M.S.	Mr. C. V. ARMITAGE, M.I.MECH.E., J.P.
Councillor T. BROWN	The Very Rev. Canon E. H. ATKINSON
Councillor G. G. ELSEY, J.P.	Miss E. L. BUTCHER, M.A.
Councillor W. E. HERBERT	The Rev. Canon A. M. COOK, M.A.
Councillor Mrs. H. M. KERRY	Mr. D. J. LOGAN
Councillor S. J. POTTER	The Very Rev. T. RUSSELL, B.A.
	Mrs. T. F. TAYLOR
	Mrs. M. A. TOOMER

*Chief Education Officer:* Mr. A. SUTCLIFFE, M.A., B.Sc., J.P.

\* Councillor Dr. A. H. Briggs and Councillor J. T. Ward ceased to be members of the Education Committee in May, 1960.

Councillor Mrs. M. R. Sookias and Councillor R. Wadsworth were appointed to the Education Committee in May, 1960.

## SPECIAL SERVICES COMMITTEE

### *Chairman:*

(The Right Worshipful, the Mayor)  
Councillor E. J. RICHARDSON, J.P.

Alderman H. W. MARTIN, M.P.S.	Councillor R. WADSWORTH
Councillor T. BROWN	Councillor S. WILSON
Councillor G. G. ELSEY J.P.	The Rev. Canon E. H. ATKINSON
Councillor Mrs. H. M. KERRY	Miss E. L. BUTCHER, M.A.
Councillor S. J. POTTER	Mr. D. J. LOGAN
Councillor E. J. RICHARDSON, J.P.	Mrs. M. A. TOOMER



## TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

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In the past ten years there has been a gradual and sustained increase in the school population which has risen from 9,700 in 1951 to 12,887 in 1960; also in these ten years there has been an increase in the amount of work undertaken by the School Health Service, relating to an extended vaccination and immunisation programme, the new features of which include vaccination against whooping cough, tuberculosis and poliomyelitis and immunisation against tetanus. Although there has been a slight decrease in the amount of work necessary in the provision of treatment for school children now that comprehensive facilities are available under the National Health Service Act, other services have been introduced which more than compensate for the decreased amount of treatment undertaken. The greatly extended vaccination and immunisation programme in schools, together with the special facilities for the testing of hearing and the rising school population have resulted in a considerable increase in the work of the School Health Service.

The major part of the Service is based on the continuance of the routine medical inspections and the treatment of defects found together with the important work of the ascertainment of handicapped pupils who require special educational treatment. Although Local Education Authorities now have power to make their own arrangements for the carrying out of routine medical inspections, it has not been felt necessary to alter the arrangements which have existed hitherto. If different arrangements are made in the future in the timing of the routine medical inspections, it is difficult to envisage any system of inspection which does not include as the most important item the medical inspection of school entrants. This is undoubtedly a most useful examination, and in some cases, this is the first time the child has had a full medical examination.

Whilst there is no duty laid on doctors under the National Health Service Act to carry out routine medical inspections, the School Medical Service has a specific duty to do this and it is our aim to look for defects and variations from the normal. It is necessary to proceed with caution, however, and minor defects should not be recorded merely for the purpose of producing a list of defects found. It should always be our aim to ensure that the child is physically and mentally healthy to a degree which will allow him to take full advantage of the education which is offered.

During the year, several new services were instituted. The Child Guidance Clinic in Lincoln, which had been planned in previous years, became operational and by the end of the year, the full staff had been engaged to deal with the work of the Clinic, which should be of enormous benefit in the future. The Clinic premises, whilst not ideal, are centrally situated and convenient for parents and children who are often required to attend frequently. In recent years it has become obvious that increased attention must be given to children with emotional and behaviour problems and to the psychological needs of the physically handicapped child. It is a particular pleasure, therefore, to welcome the staff of the Child Guidance Clinic.

It has been felt for some time that the establishment of an Audiometry Service in Lincoln was necessary, as it was known that there were a number of children in the ordinary schools whose hearing was affected and also others with defective hearing who were quite unsuspected of having this defect. A School Nurse was trained in audiometry at the Royal Throat,

Nose and Ear Hospital, London, but owing to illness she was not able to inaugurate the Service until June, 1960.

Once again I have to report that in 1960, more children were found to have verminous heads than in the previous year. A similar situation has been noticed by other authorities in recent years and it is most disappointing that this should occur at a time when the decrease noticed for a number of years led one to believe that complete eradication of this condition was possible fairly soon. It is difficult to be sure of the reasons for this increase, but it does appear that it is a real one and the numbers are not merely due to better recognition of the condition. On the contrary, slightly fewer head inspections were carried out but it is not felt that the fewer inspections (and therefore fewer opportunities to find infested children who might spread the condition) are the reasons for the increased number of cases. This is a surprising state of affairs when today the early teenagers are apparently having more regular attention to their hair than has been the case before. Is it that appearance is felt to be more important than cleanliness? The treatment of verminous heads does not present any real difficulty except in a persistent case when it is necessary to treat other members of the family and in such cases an attempt is always made to do this.

The number of cases of whooping cough occurring in school children was more than anticipated and showed a considerable increase on the figures for the previous year. Of the 18 cases which occurred, only 5 had been vaccinated against whooping cough, and as it is clear that vaccination does afford a considerable degree of protection, renewed efforts must be made to increase the proportion of children vaccinated in infancy. Although our present vaccination figures are comparatively good when compared with the figures for the rest of the Country, it would be advantageous to increase this proportion so that relatively few children reach school age without protection.

The vaccination and immunisation programme in schools has increased to the extent that a considerable part of our work deals with this. It is fully realised that not only the staff of the School Health Service spend a good deal of time on this work, but also the staff of the schools are obliged to give up a certain amount of time to enable the work to be carried out. The forbearance and understanding of Head Teachers is greatly appreciated and without their willing help, it would be most difficult to carry out the programme necessary. The arrangements for preventive inoculations for school children now consist of the offering of primary protection or re-inforcing of immunity against diphtheria, whooping cough, tetanus, poliomyelitis and tuberculosis. An attempt is made for these inoculations to be given in the winter term or spring term and the summer term is, as far as possible, avoided so that there shall be no risk of "provocation" poliomyelitis. In presenting the statistics of this work, it is difficult to see the pattern adopted when comparing one year with another, as it occasionally happens that a particular programme has to be postponed from the winter term of one year to the spring term of the next and as this Report deals with the year ending December, different years may show widely differing numbers of immunisations carried out. It is for this reason that the Report for 1960 shows that a small number of B.C.G. vaccinations were carried out, as this important programme was postponed until the spring of 1961, whilst the number of tetanus immunisations is also comparatively small as a large number (2463) of children were dealt with in 1959.

The rather complex arrangements for vaccination and immunisation of school entrants should soon become more simple as we shall be dealing with a majority of children who have had triple antigen in infancy and consequently



will require on school entry one " booster " dose against the three diseases (whooping cough, diphtheria and tetanus) against which this preparation affords protection.

No improvement occurred in the serious staffing position of the school dental service, indeed at the end of the year, we were without any dental officer, although a Principal School Dental Officer has been appointed to succeed Mr. K. H. Davis who left in October, 1960, to take up an appointment as Principal School Dental Officer to the Lindsey County Council. This is a particularly distressing situation, as it is present at a time when the amount of dental caries in school children is possibly greater than has ever been the case before.

The Minor Ailment Clinics continued to be well attended throughout the year. It was found necessary to reduce the number of sessions held at the Sincil Boys' School owing to nursing staff difficulties. The Clinics now have to deal with far fewer cases of infectious skin disease, whilst scabies and scalp ringworm are no longer problems. No case of the latter disease has occurred for 10 years and only a few cases of scabies were seen during the year. However, the treatment of verrucae (plantar warts) takes up a considerable amount of the nurses' time at the Minor Ailment Clinics and without having any accurate statistics, it does seem likely that this condition is becoming more prevalent.

Dr. J. McCormack, who was Deputy Principal School Medical Officer from May, 1959, left in November, 1960, on being appointed Area Executive Medical Officer for Nos. 1 and 2 Areas, County Council of Northumberland. We wish him well in his new appointment.

I should like to take this opportunity of thanking the staff of the Education Department, and in particular the Chief Education Officer, for their helpfulness and co-operation during the year. My thanks are also due to the members of the Special Services Sub-Committee and in particular to Councillor E. J. Richardson, who continued as Chairman of this Committee during his term as Mayor of the City.

The Hospital Consultants have always been most helpful, and in particular Mr. A. H. Briggs, Ophthalmologist, Mr. D. F. Thomas, Orthopaedic Surgeon and Dr. T. Wright, Paediatrician, have at all times been very helpful in dealing with difficult problems of a clinical nature concerning any school child.

R. D. HAIGH,

*Principal School Medical Officer.*

City Health Department,  
Beaumont Fee,  
Lincoln.

*June, 1961.*

# STAFF OF SCHOOL HEALTH DEPARTMENT 1960

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## *Principal School Medical Officer:*

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

## *Deputy Principal School Medical Officer:*

J. McCormack, M.B., B.S., D.P.H. Resigned 6-11-60.

## *School Medical Officer:*

E. G. Myra Cummings, M.R.C.S., L.R.C.P., D.P.H.

## *Principal Dental Officer:*

K. H. Davis, L.D.S. Resigned 30-11-60.

## *Dental Officers:*

2 vacancies.

## *Consultant Children's Psychiatrist:*

C. J. Wardle, M.D., B.S., D.P.M. Commenced duties 4-6-60.

## *Educational Psychologist:*

G. C. Robb, M.A., Ed.B., A.B.P.S. Commenced duties 1-9-60.

## *Social Worker:*

Mrs. P. A. Whybrow, R.S.C.N., S.R.N. Commenced duties 19-9-60.

## *Clerk Receptionist:*

Miss D. Coutts. Commenced duties 21-7-60.

## *Nursing Superintendent:*

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V. (Cert.)

## *Senior Health Visitor/School Nurse*

Miss K. Luke, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V. (Cert.)

## *Health Visitors/School Nurses:*

Miss E. N. Britt, S.R.N., S.C.M., R.S.C.N., H.V. (Cert.)  
Resigned 23-11-60.

Miss M. Clarke, S.R.N., R.S.C.N., H.V. (Cert.)

Miss R. M. Crawford, S.R.N., S.C.M., R.S.C.N., H.V. (Cert.)

Miss M. T. Kuhn-Regnier, S.R.N., S.R.F.N., H.V. (Cert.)

Miss J. Williamson, S.R.N., S.C.M., H.V. (Cert.)

Miss J. E. Green, S.R.N., S.C.M., Q.I.D.N., H.V. (Cert.)

Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V. (Cert.)

Miss A. H. Taylor, S.R.N., S.C.M., R.S.C.N., H.V. (Cert.)

## *School Nurses:*

Miss D. A. Oliver, S.R.N., S.C.M.

Miss F. M. Shearman, S.R.F.N., S.R.N., S.C.M.

Miss P. M. E. Taylor, S.R.N., S.C.M., Q.I.D.N.

## *Lay Administrative Assistant:*

J. C. Martin, A.R.S.H.

## *Organising Clerk:*

Miss G. M. Chappell.

## *Junior Clerks:*

Miss V. Smith.

Miss J. Woulds.



## LIST OF SCHOOLS

School	No on Register January, 1961	Head Teacher
<b>Nursery</b>		
St. Cuthbert's	47	Miss H. J. Moore
St. Giles	45	Miss H. Church
<b>Primary</b>		
Boultham Junior	404	Mr. A. E. Briggs
Boultham Infant	131	Mrs. K. M. Pearson
Bracebridge Junior	324	Mr. D. J. Logan
Bracebridge Infant	230	Miss T. H. Bewley
Monks Road Junior	365	Mr. W. J. B. Varlow, J.P.
Monks Road Infant	241	Miss M. Smith
Mount Street Infant and Junior Girls'	468	Miss B. M. Jubb
St. Botolph's Infant	53	Mrs. G. E. Matheson
St. Giles Junior	553	Mr. F. Pickering
St. Giles Infant	301	Miss A. M. Hard
Skellingthorpe Road Junior	419	Miss N. Gibson
Skellingthorpe Road Infant	367	Miss S. M. Neale
Westgate Junior Boys'	272	Mr. L. J. Meldrum
Hartsholme Infant and Junior	221	Miss D. J. Neale
Ermine Infant	320	Miss J. M. Sowerby
Ermine Junior	570	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	186	Miss M. B. Cullen
St. Andrew's Infant and Junior Girls' and Boys'	219	Miss M. Oliver
St. Faith's Junior	193	Mr. E. S. Wilson
St. Faith's Infant	109	Mrs. M. E. Bradley
St. Martin's Infant and Junior Girls'	93	Mrs. D. M. Southeard
St. Peter's Boys'	155	Mr. R. E. Wiles
St. Peter's Girls'	132	Mrs. K. West
St. Peter's Infant	168	Mrs. K. West
St. Hugh's R.C.	470	Mr. J. Molyneux
<b>Secondary Modern</b>		
Rosemary	409	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	299	Mr. A. F. Humble, M.A.
St. Giles Girls'	285	Miss J. K. Gentry
Sincil Boys'	645	Mr. F. Bell, B.Sc.
Spring Hill	439	Miss M. M. Fenton, M.A.
Boultham Moor Girls'	642	Miss L. M. Powell
St. Peter and St. Paul	253	Mr. T. P. Groome
Bishop King	319	Mr. L. R. W. Thake
<b>Secondary Grammar</b>		
The City	569	Mr. L. R. Middleton, M.A.
South Park High	491	Miss M. J. Widdowson, B.A.
Lincoln	553	Mr. P. W. Martin, M.A., B.Sc.
Christ's Hospital Girls' High	544	Miss I. V. Cleave, M.A.

**Special Schools**

St. Catherine's  
Open Air

71 Mr. T. C. Smith, M.A.  
75 Miss D. E. Willcock, J.P.

**Establishment of Further Education**

Technical College

237 Mr. G. A. Church, B.Sc.,  
A.C.G.I., M.I.Mech.E.

**STATISTICS**

Population of City	73,730 (mid-year estimate)
*School Population	12,887
Number of Schools	40

**Maintained Schools in Lincoln.**

				No. of	No of children on roll.		
Schools				†Departments	Boys	Girls	Total
Nursery	..	..	..	2	47	45	92
Infant	..	..	..	15	1428	1328	2756
Junior	..	..	..	17	2149	2059	4208
Special (E.S.N.)	..		..	1	42	29	71
Special (Open Air)			..	1	41	34	75
Secondary Modern			..	8	1695	1596	3291
Secondary Grammar			..	4	1122	1035	2157
Technical College (Non-maintained)	..		..	2	138	99	237
				<hr/>	<hr/>	<hr/>	<hr/>
				50	6662	6225	12887

\* Includes children attending City Schools who reside outside the City Boundary.

† Where the same school contains more than one section these are counted as separate departments.

**MEDICAL INSPECTION OF SCHOOL CHILDREN**

The programme of the routine medical inspection of school children continued as in previous years; it has not been found advisable to change the number and timing of the medical inspections. Although Local Education Authorities now have authority to arrange inspections at times different from those laid down in previous Regulations, it is felt that the present pattern has much to commend it and if carried out in association with fairly frequent visiting to Schools so that children may be seen if necessary at times other than at routine medical inspections, it is still thought to be a most suitable pattern for medical inspection.

The total number of children examined in 1960 was 3248 which was rather less than in the previous year when 3528 were examined.

It is becoming increasingly obvious that the existing medical staff of the Department can no longer carry out all the work which now has to be undertaken in the School Health Service, bearing in mind the greatly increased immunisation programme in school children and the fact that the establishment of the medical staff is the same as it was ten years ago when the school population was 25% less than the present population.

It will be seen from the table on page 10 that a large number of defects are discovered at routine medical inspections and during the year no less than 891 defects were found which were felt to require treatment. This figure does not include the number of children found at routine inspections

to have defective teeth as it is becoming more obvious each year that it is pointless to look at children's teeth during such inspections as the facilities for treatment are totally inadequate.

At least as valuable as the medical examination is the opportunity of meeting the child's parent, who is usually the mother, for she may have valuable information for the doctor or may be worried about some aspect of the child's health which should be discussed with the doctor. If one is to obtain the maximum benefit from the routine medical inspection, there must be sufficient time to discuss these matters with the parent.

### GENERAL CONDITION OF CHILDREN

The general condition of children attending maintained schools in the City continued to be satisfactory. Only 1.1% of children examined at routine medical inspections were classified as being medically unsatisfactory. In many cases, this classification was employed for children in whose case there existed a considerable degree of debility associated with lack of adequate parental care. Children have not been so classified who have been found to be suffering from a serious degree of physical illness or disability as they have been classified instead as "handicapped pupils."

The figures quoted, therefore, should be taken to be a guide as to the general social circumstances of the children so classified and in whose case it is felt that lack of adequate parental care has been an important contributory factor.

### RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 891 compared with 1025 in 1959.

	Entrants		Leavers		Others		Total	
	*T.	*O.	*T.	*O.	*T.	*O.	*T.	*O.
Skin ... ..	7	10	31	21	24	1	62	32
Eyes—Vision ...	17	16	211	7	123	11	351	34
Squint ...	77	15	10	1	24	—	111	16
Other ...	11	2	7	3	9	3	27	8
Ears—Hearing ...	4	24	4	5	6	6	14	35
Otitis media ...	2	10	1	3	—	1	3	14
Other ...	1	4	1	—	3	2	5	6
Nose and Throat ...	79	84	5	5	12	14	96	103
Speech ...	24	27	—	1	2	—	26	28
Lymphatic glands ...	1	53	—	—	—	7	1	60
Heart ... ..	6	3	1	3	—	5	7	11
Lungs ... ..	17	21	4	6	6	8	27	35
Development								
Hernia ... ..	—	4	—	—	—	1	—	5
Other ... ..	—	8	4	3	—	8	4	19
Orthopaedic								
Posture ... ..	—	5	6	—	—	2	6	7
Feet ... ..	3	6	13	6	19	15	35	27
Other ... ..	64	11	20	5	13	8	97	24
Nervous system								
Epilepsy ... ..	4	—	3	1	2	1	9	2
Other ... ..	3	8	—	1	4	2	7	11
Psychological								
Development ...	—	5	—	—	—	1	—	6
Stability ... ..	1	5	—	—	—	3	1	8
Abdomen ... ..	—	1	—	—	—	—	—	1
Other ... ..	2	1	—	1	—	1	2	3
	323	323	321	72	247	100	891	495

\*T=Children requiring treatment

\*O=Children requiring to be kept under observation

## SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin ...	...	...	...	28	—
Eyes—vision ...	...	...	...	10	3
squint ...	...	...	...	2	—
other ...	...	...	...	1	—
Ears—hearing ...	...	...	...	13	3
Otitis media ...	...	...	...	2	—
other ...	...	...	...	4	—
Nose and Throat ...	...	...	...	8	4
Speech ...	...	...	...	4	1
Lymphatic glands ...	...	...	...	—	—
Heart ...	...	...	...	2	—
Lungs ...	...	...	...	19	9
Development—					
Hernia ...	...	...	...	—	—
Other ...	...	...	...	—	—
Orthopaedic—					
Posture ...	...	...	...	—	—
Feet ...	...	...	...	10	—
Other ...	...	...	...	15	5
Nervous system—					
Epilepsy ...	...	...	...	—	—
Other ...	...	...	...	1	—
Psychological—					
Development ...	...	...	...	—	—
Stability ...	...	...	...	9	—
Abdomen ...	...	...	...	5	—
Other ...	...	...	...	59	15
Totals				192	40

## NOTES ON SPECIFIC DEFECTS

### SKIN DISEASES

Skin diseases of school children do not constitute a serious problem but do result in the school nurses spending a considerable amount of time at the Minor Ailment Clinics on their treatment. However, plantar warts again were frequent and troublesome and girls in the age group 9 to 15 years are particularly susceptible. Although this is a relatively unimportant condition, it is nevertheless a condition which is infectious and is not easy to treat successfully. Various methods of treatment have been used including local applications of salicylic acid, either as an ointment or a plaster, or treatment with formalin. It seems impossible to know which is the best treatment to recommend as children seem to respond differently to the various forms of treatment.

A number of children were seen during the year who had a constitutional eczema and in many of these children, one gained the impression that psychological factors appeared to be responsible for the persistence of the condition.

No case of ringworm of the scalp occurred and school children in Lincoln have been free from this serious infection for the past ten years.

### VISUAL DEFECTS

One of the most important aspects of the routine medical inspection of school children is the testing of vision. During 1960, the number of children found to have a visual defect at routine inspection was 385, compared with



321 in the previous year. It is clear that this is a most important duty, for routine testing of vision is carried out by no other branch of the National Health Service and very many cases of defective vision would be overlooked were it not for the careful testing carried out by the School Health Service. Although it is a rather laborious procedure, the testing of vision of school entrants has proved its worth and the time spent on it is fully justified. In the first instance, the children's vision is tested by a School Nurse and any child found to have vision in one eye which is 6/12 or less is referred to a School Medical Officer who then examines the child and decides whether to refer the child for examination by a Consultant Ophthalmologist.

All children who have a squint, or where a squint is strongly suspected, are referred to the Ophthalmologist. However, it is desirable that most children with a squint should be discovered before school entry either by the private doctor or at infant welfare clinics, as at school-age it is often too late to expect a good result from the occlusion of the squinting eye.

The arrangements which have existed for several years whereby children are referred to the Children's Ophthalmic Clinic at the County Hospital conducted by Mr. Allan H. Briggs continued during 1960 and I am grateful to him for the following report on his work:—

“ It is gratifying to be able to report that the Orthoptic Department has been better staffed during the year, and a great deal more work has therefore been accomplished in that Department than in previous years, and all arrears have been dealt with. Unfortunately at the end of the year, one of the Orthoptists had left and recruitment difficulties are therefore likely to prevail during part at least of 1961.

The Hospital Waiting List for operative cases has been very satisfactorily maintained and at the end of the year, six Lincoln cases were awaiting admission. Most, if not all of these, would have been admitted by the end of the year but for the Christmas holiday, and as none of the operations was urgent, they have been postponed until the New Year. The Waiting list for squint surgery has been kept very short throughout the year.

In general, the work of the clinic has been similar to that of previous years, but the attendances have been rather better. The school child population appears to be growing and more children are remaining at school after normal school leaving age, so that the clinic has been at risk for a larger number of children than in previous years. School Medical Inspections appear to have been carried out more regularly and frequently than in the past so that more children seem to have been referred during 1960, than in former years. The statistics are as follows, the corresponding figures for the previous year being shown in brackets:—

New attendances sent for	..	..	297	(278)
New cases attended	..	..	240	(235)
Old cases sent for	..	..	1149	(1218)
Old cases attended	..	..	902	(884)
New failures	..	..	57	(43)
Old failures	..	..	247	(314)
Glasses prescribed	..	..	869	(902)
Number of repairs	..	..	422	(557)

148 clinics were held.

#### Orthoptic Department

New cases	..	..	..	123	(68)
Old cases	..	..	..	1153	(634)

At the conclusion of the year, 6 children were awaiting admission for surgery, 10 new cases were outstanding who had not yet received appointments, 31 old cases were outstanding who had already received at least one appointment, but had failed to attend.

I am grateful for the co-operation of the Health Department in supplying information, in tracing defaulters and assisting in many ways with the problems which have arisen during the year."

The statistics in the above report relate not solely to school children but also include a number of pre-school children referred from the Infant Welfare Clinics.

It can be stated quite confidently that the facilities for ascertainment of defective vision and the facilities for treatment and for the provision of spectacles are excellent. However, it cannot be said that good use is being made by a large number of school children of the spectacles supplied. Not only the School Nurses, but also School Teachers, spend a considerable time and effort in checking and ensuring that children do in fact wear the spectacles that have been prescribed. In this respect, the boys are the worst offenders.

The Ishihara Colour Vision Test is used for boys at the age of 10 years and any boys who are not tested at this age, are tested at the School Leavers' Inspection. The result of this test is occasionally of value in advising boys as to suitability for future employment.

## **EAR, NOSE AND THROAT DEFECTS**

The table on page 10 shows that in 1960, 199 children were found to have defects in the nose and throat which were felt to require treatment or observation; in 1959, the number was 238. Most of these are children who have enlarged tonsils with a history of sore throats.

In 1959, of the total number (238), 141 children were referred for treatment and 97 for observation, whereas in 1960, of the total number (199), 96 children were referred for treatment and 103 were placed under observation.

It is quite common for children in the first two or three years in school to develop infectious diseases including sore throats and tonsillitis due to the particular conditions which are present in the first few years of a child's school life when, for the first time, the child comes into contact with a large number of children in a "closed" environment and where sources of cross-infection are abundant. Furthermore, without any definite scientific evidence, it seems likely that the frequency of these infections is in some measure due to the child's lack of immunity; an immunity which is only acquired by continuous attendance for many months in school where infecting agents which are present will be met. Whatever the reasons may be, it is a fact that the number of infectious illnesses which children have diminish steadily after the period at the infants' school.

It has been felt for some time now that a considerable number of children have been referred for treatment for tonsils and adenoids whose condition might subside in time without this treatment. Consequently, it has recently been the practice to refer fewer children for treatment and place more under observation for nose and throat defects, in the hope that a considerable number of the children with symptoms or signs of tonsillar disease will settle down. This policy is reflected in the figures quoted above.

The Ministry of Education Enquiry into the frequency of tonsillectomy in children, which was started in 1956, showed in the report for 1959 that for every 1,000 school leavers in Lincoln, 31% had undergone tonsillectomy. Of the 82 County Boroughs in England and Wales, only nine had a higher rate than Lincoln.

It is hoped to continue the policy of keeping children under observation who are found at routine medical inspection to have defects in the throat, yet it must be emphasised that constant vigilance will be exercised to ensure that no child who requires treatment shall fail to be referred.

As explained elsewhere in the Report, particular emphasis has been laid on the ascertainment of hearing defects in children and this is thought to be more fruitful and rewarding work than the frequent inspection of tonsils which may look large and which are nevertheless healthy.

Of the children referred to the Ear, Nose and Throat Consultants at the County Hospital, 47 underwent removal of tonsils and adenoids, compared with 79 in the previous year.

Middle ear disease, as manifested by chronic otorrhoea or merely by a dry perforated ear drum, was detected in 32 children and 10 were referred for Consultant advice. In 1959, the figures were 32 and 14 respectively.

## AUDIOMETRY SERVICE

It was decided in 1959 to establish an Audiometry Service for school children. It had been apparent for some time that undetected deafness existed in many school children and it was felt that an effort should be made to test the hearing of all children sometime during the first two years in primary school.

A full-time School Nurse underwent training in Audiometry at the Royal Throat, Nose and Ear Hospital, Gray's Inn Road, London in October, 1959 and it was hoped that the nurse would be able to introduce an Audiometry Service in the Lincoln Schools early in 1960. However, before the Service could be fully inaugurated, the nurse unfortunately developed a serious illness and was not available for many months. Consequently, the number of children examined during the year was comparatively small.

The object of the Service is to sweep-test all children during the first or second year at primary school and all children who do not satisfactorily pass the sweep-test are to be referred for pure-tone audiometry. Furthermore, all children who are suspected of being educationally subnormal or ineducable are tested, as are all children with a speech defect or with any degree of spasticity. Children with a history of any affection of the ear have a pure tone audiogram carried out. Head Teachers are invited to refer for testing children of any age where deafness is in any way suspected by them or by the parent.

A portable battery-operated transistorised audiometer has been purchased for this Service.

One of the difficulties in this work is finding a quiet room in the schools where the testing can be undertaken. It is necessary to have such a quiet room as the sweep-test employs a sound of 20 decibels intensity being applied to the ear, and only in a quiet room is it possible to detect sound of this intensity with normal hearing.



The following table summarises the work carried out during the year, but as mentioned above, testing was only carried out during a few months of the year:—

### Sweep testing in school

No. of children tested	..	..	..	..	..	..	2188
No. of children who failed	..	..	..	..	..	..	73

The children who failed were referred for a pure tone audiogram with the following result:—

No. of children who failed sweep test	..	..	..	73
No. who failed to attend for pure tone audiogram	..	..	9	
No. of children examined by pure tone audiogram	..	..	64	

Result of pure tone audiograms:—

Satisfactory	..	..	..	..	..	45
Unsatisfactory	..	..	..	..	..	18

(Of these 18 children, 14 were medically examined and deafness was found to be transient; 4 were referred to the Ear, Nose and Throat Surgeon).

### ORTHOPAEDIC AND POSTURAL DEFECTS

Children who are found to have or are suspected of having orthopaedic defects are referred to Mr. D. F. Thomas, F.R.C.S., who holds a clinic at the School Clinic, Beaumont Lodge, each fortnight.

The following is a summary of the work carried out:—

	1960	1959
Number of sessions held by the Orthopaedic Surgeon	.. 22	24
Number of cases seen by the Orthopaedic Surgeon	.. 179	152
Number of new cases seen by the Orthopaedic Surgeon	.. 97	94
Number of cases admitted to the County Hospital	.. —	—
Number of cases admitted to Harlow Wood Hospital	.. —	—

### HEART DISEASE AND RHEUMATISM

Lincoln is one of a number of areas in the Country where Acute Rheumatism occurring in children up to the age of 16 years is notifiable to the Local Authority. There seems to be some evidence that Acute Rheumatism is becoming less prevalent throughout the Country and no case was notified in Lincoln during 1960 in any child under 16 years of age.

In the course of school medical inspections, 20 children were detected with abnormal heart murmurs. Most of these were benign and required no treatment or reduction in activities; however, where it was suspected that the murmur was not innocent, the child was referred to the Consultant Paediatrician.

### SCHOOL CARDIAC REGISTER

Lincoln is taking part in the enquiry organised by the Ministry of Education regarding the incidence of cardiac defects found for the first time at the Primary School Entrants routine medical inspection.

During the year, four children were diagnosed as having an organic heart lesion and were included in the School Cardiac Register which has



been kept since this enquiry started in 1957. The cardiac lesions found were as follows:—

Ventricular septal defect	..	..	..	..	..	..	2
Pulmonary Stenosis	..	..	..	..	..	..	1
Congenital Cyanotic Heart Disease (Specific type of defect, not yet diagnosed)	..	..	..	..	..	..	1

of these four cases, 3 children are placed in ordinary schools and 1 in the Open Air School.

## ENURESIS

Two "Chiron" enuresis alarms have been loaned to enuretic children for some time and it has not been possible, so far, to be quite sure whether these alarms have been helpful. It was decided during 1960 to purchase two additional alarms from the Occupational Therapy Department of The Colony, Bridge of Weir, Renfrewshire and when available the four alarms were in demand. An alarm is supplied, on loan, only on the recommendation of a School Medical Officer and in general, an alarm is not supplied to an enuretic under the age of 8 years.

Seven children were treated during the year and of these, one was reported as being cured, three had improved and in three cases there was no improvement. It was not possible to treat a greater number of children as considerable difficulty was experienced in obtaining the additional alarms, mentioned above, and also there was delay in the supply of spare parts for the "Chiron" alarms.

## PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinics	Monday afternoons.
Minor Ailments	Every morning at 9 a.m.
Orthopaedic Clinic	By appointment.

At Maternity and Child Welfare Centre:

Dental Clinic	By appointment.
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Other clinics:

St. Giles Infant School	Minor ailment clinic each morning 9 a.m.
Skellingthorpe Road	
Infant School	" " "
Sincil Secondary Modern	
Boys'	Wednesday and Friday mornings 9 a.m.

The Attendances at the various Clinics are summarised in the following table:

				New Cases	Revisits	1960 Totals	1959 Totals
<b>Minor Ailment Clinics:</b>							
Central Clinic	...	...	...	169	659	828	1402
St. Giles	...	...	...	402	2549	2951	3643
Skellingthorpe Road	...	...	...	918	5065	5983	5584
Sincil Boys	...	...	...	286	782	1068	3441
Total	...	...	...	1775	9055	10,830	14,070
<b>Medical Clinics</b>				187	91	278	348
<b>Orthopaedic Clinics</b>				179	124	303	261
<b>Dental Clinics</b>				1612	2302	3914	3569

The table on the previous page shows that there has been a reduction in the number of children treated at the Minor Ailment Clinics. Fewer sessions were held at the Sincil Boys' School as the Nurse who attends this School was given additional duties in connection with the introduction of the Audiometry Service and the shortage of nursing staff made it impossible to undertake as many sessions as had previously been the case.

Despite the fact that there is a comprehensive National Health Service for school children, undoubtedly a large number of children require the services of the Minor Ailment Clinics. Simple treatment may be given with little loss of school-time and plantar warts, which require fairly prolonged treatment, are treated satisfactorily at such a clinic. The type of ailments treated have been very varied and included skin disorders, minor injuries, accidents and illnesses occurring at school and plantar warts. In addition, a number of children with discharging ears have been treated by the use of ear drops and this treatment has frequently been given on the advice of the Consultant Ear, Nose and Throat Surgeon.

## CLEANLINESS OF SCHOOL CHILDREN

### PEDICULOSIS

The following table shows the incidence of pediculosis in school children in Lincoln during the last five years:—

1956	1957	1958	1959	1960
1.6%	1.02%	0.7%	1.2%	2.3%

Inspection for the presence of pediculi:—

Number of visits to schools	..	..	..	..	..	286
Number of inspections of children	..	..	..	..	..	32949
Number of children found to be verminous, however slight	..	..	..	..	..	200
Notices issued to parents under Sect. 54 (2) of the Education Act, 1944	..	..	..	..	..	—
Cleansing Orders under Section 54 (3)	..	..	..	..	..	—

The above table shows that the number of children found to be infested with head lice during 1960 (200) was somewhat greater than in the previous year (122). Of the children inspected in primary and secondary schools, 2.3% were found to be verminous and although this figure is lower than the average for the Country as a whole (which is about 3%), it is nevertheless an unsatisfactory state of affairs as it is possible to eliminate this infestation entirely from the Community.

There is no doubt that infestation would not occur if all families practised regular hair washing. It is particularly unfortunate that a child from a clean family may become verminous from contact with an infested child.

If an infestation in a child is persistent, the home is visited by the School Nurse and an attempt is made to ensure that all members of the family use a hair shampoo (Lorexane) which is effective and is pleasant to use. No particular difficulty was experienced in arranging for children to be treated, but not infrequently it happened that arrangements had to be made for the School Nurses themselves to treat the children's heads when parents had been found unable or unwilling to carry out the necessary treatment.

The results of the inspections are as follows:—

Number of visits to schools .. .. .	286
Number of inspections of children .. .. .	32949
Number of children found to be verminous, however slight ..	200
Proportion of children found to be infested in Primary Schools	1.3%
Proportion of children found to be infested in Secondary Schools .. .. .	3.2%
Proportion of all school children (except Secondary Grammar Schools) found to be infested .. .. .	2.3%

## SCABIES

The graph depicting the incidence of scabies was no longer included in the School Health Report after 1958, owing to the low prevalence of this condition. Again in 1960, the incidence was very low and only occasionally were cases seen. However, in a few instances, several members of a family were affected and when difficulties occurred in effective treatment being carried out by the parents, on the advice of the school nurse, arrangements were made for the treatment of the children by the clinic nurse at the Health Department.

## INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following table shows the number of school children who were notified during the year as suffering from notifiable infectious diseases:—

	1960	1959
Scarlet Fever .. .. .	52	45
Diphtheria .. .. .	—	—
Chickenpox .. .. .	448	126
Dysentery .. .. .	—	20
Measles .. .. .	30	544
Whooping Cough .. .. .	18	5
Poliomyelitis (Non-paralytic) ..	4	—
Acute Encephalitis .. .. .	—	1
Pneumonia .. .. .	2	1
Total .. .. .	554	742

It is disappointing to find an increase in the number of cases of whooping cough occurring in school children. The increased incidence of this disease also showed itself amongst pre-school children and most of the cases occurred during the months of November and December.

It is now quite apparent that vaccination against whooping cough does not afford complete protection against the disease; but it renders an attack much less likely and also reduces the severity of the disease if it occurs. Of the 18 cases notified amongst school children, only 5 children had been vaccinated against the disease. There is little doubt that children in school who are entirely without protection against whooping cough are at a disadvantage as a number of vaccinated children develop an attack which is so modified as to be not easily recognised by the patient or the family doctor and therefore the child continues to attend school. However, although the disease is modified, the child may still be infectious and if an unvaccinated child is infected, he may well develop a severe attack.



The above table shows that a considerable number of cases of chicken-pox occurred and although this disease is not entirely without significance, it is difficult to see why it should continue to be notifiable in Lincoln when it is not notifiable generally throughout the Country.

Four cases of non-paralytic poliomyelitis were notified during the summer months. These cases presented as a virus meningitis and occurred in pre-school children and adults also. However, in no case was there any paralysis and there were serious doubts as to whether in fact these were poliomyelitis or whether they were cases of meningo-encephalitis due to a virus other than the poliomyelitis virus. Specimens were submitted to the Virus Laboratory in Sheffield during June, July and August, but not until 24th December was a report received on these specimens stating that there was no evidence of poliomyelitis virus.

## VACCINATION AND IMMUNISATION

### Immunisation against Diphtheria, Whooping Cough and Tetanus.

Each year the School Health Service facilities for school entrants include offering primary immunisation against diphtheria, whooping cough and tetanus, with "Booster" doses against these diseases for children who had primary immunisation in infancy. Owing to the complex arrangements which have existed in the past few years for primary immunisation, the programme is difficult as we are faced with numbers of children who have had a differing pattern of immunisation and vaccination in infancy and also children who have had no primary immunisation.

The table below gives a summary of the work carried out during the year:—

Diphtheria and Combined Immunisation. Immunisation carried out by School Health Staff:—

#### Primary Courses Completed:

Diphtheria only	..	..	..	..	102
Diphtheria and Pertussis	..	..	..	..	329
Diphtheria, Pertussis and Tetanus	..	..	..	..	5
Whooping cough only	..	..	..	..	227
Tetanus	..	..	..	..	21

#### Reinforcing injections:

Diphtheria only	..	..	..	..	282
Diphtheria and Pertussis	..	..	..	..	849
Diphtheria, Pertussis and Tetanus	..	..	..	..	31
Whooping cough only	..	..	..	..	65

The relatively small number of tetanus injections is explained by the fact that in the previous year 2463 school children received a full course of primary immunisation against tetanus and therefore further protection was not necessary or offered in 1960.

### Vaccinal Condition of School Children.

The proportion of school children who were found to have been vaccinated against smallpox was 30.2%; the corresponding figure for the previous year was 27.8%. The proportion of children vaccinated is lower than one would like to see, but the most satisfactory way to increase this proportion is by action at the Infant Welfare Clinics.

## TUBERCULOSIS AND B.C.G. VACCINATION

The decline in the incidence of tuberculosis in the community is reflected in the incidence of the disease in children. Only two children were notified during the year as suffering from pulmonary tuberculosis and the following table shows the cases notified during the previous five years:—

	1956	1957	1958	1959	1960
Pulmonary tuberculosis ..	5	3	7	5	2
Tuberculous meningitis ..	—	1	1	1	—
Other forms .. .. .	3	—	1	—	—
	8	4	9	6	2

The number of cases notified is the smallest ever recorded in Lincoln and it is also gratifying to note that no case of tuberculous meningitis occurred in the City. The very small number of cases occurring obviously indicates that this disease, which many years ago was a scourge, is now no longer a problem and our work in connection with this disease now consists of B.C.G. vaccination, after preliminary skin testing, and a careful examination, including chest X-ray of all teachers and other personnel before employment.

It is now the standard practice in Lincoln to carry out the preliminary tuberculin test using the Heaf Multiple Puncture instrument and the result is read in 5 to 7 days' time. All who show a negative result are then given B.C.G. vaccination and arrangements are made for positive reactors to the skin test to have a Chest X-ray.

The following table shows that a greatly reduced programme was undertaken in 1960, a major part of this work being carried out in the Spring Term of 1961 owing to staff difficulties:—

Skin tested .. .. .	71
Found positive .. .. .	8
Negative .. .. .	58
Vaccinated .. .. .	58

## PROVISION OF SCHOOL MEALS

The number of children taking school meals increases each year and it is very gratifying to record that no case of food poisoning throughout the year was found to be due to any meal provided by the School Meals Service. This record in itself, without any further comment, is a tribute to the efficiency of and extreme care taken by this organisation.

The percentage of children taking milk in 1960 was 82.7.

The number of meals provided during the year ended 31st December, 1960 was as follows:

	1960	1959
To Nursery, Primary and Secondary Schools etc.	1,060,049	1,046,781
To Staff and Helpers .. .. .	106,829	74,171
	<u>1,166,878</u>	<u>1,120,952</u>

Meals provided at the Open Air School (included in the figures for Nursery, Primary and Secondary Schools), were:

	1960	1959
Breakfasts .. .. .	14,010	14,309
Dinners .. .. .	14,147	14,447
Teas .. .. .	13,862	14,226

## HANDICAPPED PUPILS

The ascertainment of handicapped pupils is an important part of the School Medical Officer's work. It involves co-operation between the School Teachers, School Medical Officers, General Practitioners and Consultants, with one view—the correct placement of a handicapped child in an appropriate school.

The following handicapped pupils were ascertained during the year:—

Partially sighted	..	..	..	..	..	1
Deaf	..	..	..	..	..	1
Educationally subnormal	..	..	..	..	..	27
Maladjusted	..	..	..	..	..	2
Physically handicapped	..	..	..	..	..	3
Delicate	..	..	..	..	..	10

The following table represents the number of children ascertained as in need of special educational treatment in Lincoln:—

### Blind

2 children are in special schools:—

Birmingham Royal Institution	..	..	..	2
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### Partially sighted

3 children are in special schools:—

Birmingham Royal Institution	..	..	..	1
East Anglian School	..	..	..	1
Exhall Grange	..	..	..	1

### Deaf

5 children are in special schools:—

Royal School for the Deaf, Derby	..	..	2
Maud Maxfield School, Sheffield	..	..	2
Yorkshire School for the Deaf	..	..	1

### Partially deaf

2 children are in special schools:—

Needwood School	..	..	..	..	1
Maud Maxfield School, Sheffield			..	..	1

### Educationally subnormal

118 children are in special schools or classes:—

St. Catherine's, Lincoln	..	..	..	66
Special classes (Junior)	..	..	..	50
Seacroft School	..	..	..	1
Rudolph Steiner	..	..	..	1

### Epileptic

There are a number of children suffering from this defect in the City but none required special residential schooling solely on account of the disease.



**Maladjusted**

3 children are in special schools

Bourne House Hostel	..	..	..	..	3
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**Physically handicapped**

13 children are in special schools:—

Ian Tetley Memorial Home	..	..	..	..	1
Lincoln Open Air	..	..	..	..	9
Thieves Wood	..	..	..	..	1
Bradstock Lockett	..	..	..	..	1
Delarue School	..	..	..	..	1

**Speech Defect**

Nil.

**Delicate**

69 children are in special schools:—

Lincoln Open Air	..	..	..	..	65
St. John's Open Air	..	..	..	..	1
Palingswick House	..	..	..	..	1
St. George's Hostel	..	..	..	..	1
Pilgrim School	..	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in January, 1961:—

Educationally subnormal	..	..	..	..	30
Delicate	..	..	..	..	1

The 30 educationally subnormal children awaiting admission are children who have been ascertained as educationally subnormal before the age at which the children are normally admitted to St. Catherine's School (*i.e.* over 11 years) and they are children who at present are receiving special education in special classes in ordinary schools.

**SPEECH DEFECT**

Children with speech defects of a degree sufficient to require special treatment are referred to the Speech Therapist at the County Hospital, Miss E. M. Parham, who reports as follows:—

“ In 1960, 30 new cases were referred for speech therapy. Of these 27 attended. Of the 27 children seen, 24 were boys and 3 were girls. 112 children remained on the list from the previous year, making a total of 139 children seen.

Of the children seen the following defects were presented:—

Delayed speech and language	..	..	..	..	6
Cleft palate	..	..	..	..	1
Stammer	..	..	..	..	24
Dyslalia	..	..	..	..	102
Stammer and dyslalia	..	..	..	..	5
Cerebral palsy	..	..	..	..	1

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139

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All articulatory defects involving varying degrees of apraxia, isolated dysarthria and dyslalias of simple and multiple degree have been grouped under the general heading of dyslalia.

The total number of attendances made by Lincoln children during 1960 was 851."

## WORK OF THE CHILD GUIDANCE CLINIC

The arrangements for the treatment of children requiring the help of a Child Guidance Clinic continued as in the previous year until the beginning of June. Thirteen children were referred to Dr. J. D. Richardson, Consultant Children's Psychiatrist, at his Clinic at Grantham, by arrangement with the Kesteven Education Authority and when the Child Guidance Clinic in Lincoln came into operation, a number of these children were transferred to the care of the Lincoln Children's Psychiatrist.

A Centre in Lincoln for children requiring treatment by a psychiatrist or help from a psychologist has been a long felt need. The plans made for the establishment by the Lincoln City and Lindsey County Education Authorities of a Child Guidance Service in Lincoln and North Lincolnshire materialised during the year. A Consultant Children's Psychiatrist, Dr. C. J. Wardle, was appointed by the Sheffield Regional Hospital Board and he commenced duties on 4th June, 1960. His services are shared equally by the Lincoln City and Lindsey County Education Authorities.

Mr. G. C. Robb, Educational Psychologist, commenced duties on 1st September and his services are also shared by the two Education Authorities.

It was not found possible to recruit a Qualified Psychiatric Social Worker but Mrs. P. Whybrow, R.S.C.N., S.R.N., was appointed as Social Worker by the Lincoln Authority and she has been undertaking five sessions per week since 19th September, 1960.

A Clerk/Receptionist is employed full-time and as she is the only member of the staff who is on the clinic premises the whole time, she has to take initiative in accepting referrals, answering queries and forming the link between the various members of the team and the public.

Premises were made available in "Beaumont Lodge" after some redistribution of the Health Department staff accommodated there and although these premises are not all that may be desired and are rather inadequate for the purpose, nevertheless they are well situated in a central position and easy of access by the general public.

Obviously some time will need to elapse before the Clinic is fully operational but it will be of great benefit to the school children who will no longer be required to make the journey to Grantham which, in the past, has been a serious burden on parents and children alike when frequent visits for treatment were necessary. Although there have been travelling difficulties for Lincoln parents and children, our thanks are due to Dr. J. D. Richardson, Consultant Children's Psychiatrist, Kesteven County Council, who has been so helpful in the past, prior to the establishment of the Child Guidance Clinic in Lincoln.

I am indebted to Dr. C. J. Wardle, Consultant Children's Psychiatrist for Lincoln for the following information regarding the work of the Clinic during the period 4th June, 1960 to 31st December, 1960:—

## Report of the Consultant in Child Psychiatry for the year ending 31st December, 1960

Until June, 1960, Lincoln City and Lindsey have had to make use of the Child Guidance Facilities of Grimsby and South Lincolnshire. It is a pleasure and a privilege to be able to play a part in the setting up of a Service for the children and families of Lincoln and Lindsey.

I would like to thank the many members of the two Local Authorities for their kindness, forbearance and expert guidance in setting up this service. In particular, I am indebted in Lindsey to the Director of Education, Mr. Birkbeck and to the Principal School Medical Officer, Dr. Cormac, and in Lincoln to the Chief Education Officer, Mr. Sutcliffe and the Principal School Medical Officer, Dr. Haigh. All these officers have given me far more of their time than they could be expected to spare from their many other arduous duties, in ironing out snags and making this Service run smoothly and efficiently as a fine example of co-operation between the two separate Local Authorities and between the Regional Hospital Board, the School Medical Service and the Education Authority.

Mr. Robb took up his duties on 1st September, 1960. For administrative purposes he is employed by the Education Committee of Lincoln City, but he is expected to give six-elevenths of his time to Lindsey, working in the southern part of the County and based on the Lincoln Child Guidance Unit.

Mrs. Whybrow took up her duties on 19th September, 1960, as social worker in the Child Guidance Unit at Lincoln under the supervision of the Consultant Psychiatrist. Her work is in two parts:—

- (a) Working with children individually and in groups under the Psychiatrist's direction, and
- (b) obtaining social histories from, and maintaining contact with, parents, and making home visits.

In addition, she is developing contacts with the other social agencies in Lincoln, so that she will be the team's liaison with them.

Mrs. Whybrow is already showing great aptitude for the work both with children and parents, and is an invaluable asset to the team.

### Referrals

From Lincoln City 57 cases have been referred to the Child Guidance Unit; of these, all had been offered appointments at the end of 1960. 41 cases had been investigated, 8 cases had not attended for various reasons and 8 cases had appointments to attend during the first three weeks of January, 1961.

In addition to these cases referred to the team, the Psychologist has seen a number of cases in the schools (see table D).

It is the policy of the Service to offer an appointment within three weeks of referral. If there is urgency, cases will be seen as an emergency. The initial investigation of a case usually takes 1½ to 2 hours, so that obviously, all cases must be seen by appointment.



Table A.

**Details of Cases seen by Psychiatrist**

Source of Referral	No. of Lincoln Cases
School (through the School Medical Officers) ..	13
Courts and Probation Officers .. ..	3
General Practitioners .. ..	16
Other Consultants .. ..	7
Other .. ..	2

All referrals have been with the agreement of the family doctor except where the Court wished an urgent report. The Principal School Medical Officer is kept informed of all referrals, since he has valuable information on the child's health throughout his school life. Enquiries about referral are welcomed direct from the parents or from any interested, responsible party. They will always be asked for a letter from their general practitioner or for permission to contact him, since the future treatment of the child depends on close co-operation between the consultant and the general practitioner.

Different sources refer different types of behaviour and emotional disturbances. The schools tend to refer children who are educationally retarded or are disturbed in behaviour at school. The Courts tend to refer children with anti-social conduct, whilst the general practitioners and consultants tend to refer children with the nervous symptoms of neurosis and psychosis, or disturbed behaviour associated with brain damage, epilepsy and physical disorder or psychosomatic disease such as asthma. All these types of maladjustment fall within our scope and it is wise to encourage direct referrals from all sources in order that all disturbed children in the community are detected as early as possible, when treatment is most effective. Delay and red tape in referral is to be avoided at all costs.

Table B.

Age at Referral	Lincoln Cases
0— 4 .. ..	4
5— 7 .. ..	4
8—11 .. ..	15
12—14 .. ..	15
15+ .. ..	3
Total .. ..	41*

\* Boys, 23; Girls, 18

All children and adolescents aged from 0 to 18 may be seen by the Psychiatrist.

It is usual in this work to find that twice as many boys are referred as girls. In Lincoln a higher proportion of girls has been referred than usual, possibly because boys presenting anti-social conduct are, at the moment, remanded at Worksop for psychiatric reports.

Table C.

Main Reasons for Referral	Lincoln Cases
Delinquency and other anti-social conduct ..	15
Anxiety, school phobia and other neurotic symptoms .. ..	10
Enuresis or Encopresis .. ..	4
Disturbance in relationships .. ..	14
Difficulty at school .. ..	6
Miscellaneous symptoms .. ..	3
(Some cases had more than one reason for referral)	

## The Work of the Team

Table D.

Cases Investigated by	Lincoln Cases
The whole team .. .. .	13
Psychiatrist and Psychologist .. .. .	14
Psychiatrist only .. .. .	17
In school by Psychologist only .. .. .	29

In addition to dealing with individual cases, all the team have been forming contacts with the various social and other agencies concerned with various aspects of child welfare.

The Educational Psychologist has visited most of the schools in the City and has given talks to groups of teachers.

A very friendly relationship has been established with the Children's Departments of both Lincoln and Lindsey. Good contacts with the Probation Officers have been established, and a meeting between the Psychiatrist and the Probation Officers to co-ordinate their work is planned.

The Psychiatrist has arranged meetings with the Health Visitors of Lincoln and similar meetings with those from Lindsey are to be arranged.

Mrs. Whybrow attends the Social Workers' Co-ordinating Committee of Lincoln, providing a valuable link with other social services concerned with children and problem families.

All the team have found everyone in Lincoln and Lindsey most co-operative and friendly and have encountered a pleasant lack of formality which has eased their work. This good contact with the community augurs well for the establishment of a successful Service, which fits smoothly into the community structure as a whole.

Table E.

Some of the Initial Results of Cases seen by the Psychiatrist

Outcome of Investigation	Lincoln Cases
Report only .. .. .	7
Treatment completed .. .. .	13
Treatment still in progress .. .. .	21
	—
Total cases .. .. .	41
	—

## In-patient Facilities

In 15 cases so far, treatment has been **seriously** hampered by the absence of facilities for in-patient observation for short periods. It is undesirable that these children and adolescents should have to go out of the area for this facility, since their treatment and investigation will still involve the parents.

## Facilities for teaching maladjusted children

A number of children are seen each year whose emotional and behavioural disturbance makes them unsuitable for education in an ordinary, or E.S.N. School.

Already sufficient children have been seen to warrant the setting up of a special class, run by a whole time teacher, trained in teaching maladjusted children. Such classes can only cater for 8 children at a time, some attending part time, some for the whole week.

There is no facility in Lincoln for teaching such children at the moment. Boarding placement is undesirable in many instances.

**Report of Mr. G. C. Robb, Educational Psychologist for the period  
1st September, 1960—31st December, 1960.**

Children recommended for ascertainment as E.S.N.	8
Notifications as unsuitable for education in a school	0
Concerning a change of school .. .. .	4
Referrals from the Psychiatrist for Action .. .. .	2
Referrals to the Psychiatrist .. .. .	7
For vocational guidance .. .. .	1
For home teaching .. .. .	2
For advice to Teachers.. .. .	30
For advice to Parents .. .. .	7

Certain cases have involved more than one course of action, *e.g.* advice to parents and teachers and/or ascertainment.

**Sources of Referrals:**

Schools .. .. .	27
School Medical Officers .. .. .	3
Chief Education Officer .. .. .	8
Psychiatrist .. .. .	16
Parents .. .. .	3
Court .. .. .	5
Educational Welfare Officer .. .. .	2

Certain children were referred by more than one agency.  
Number of Children seen was 56.

**CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION  
AT SCHOOL**

The Mental Health Act, 1959, amended the Education Act, 1944 whereby certain changes were introduced in the law relating to children who suffer from a disability of mind which makes them unsuitable for education at School. The effect was broadly to extend the rights of parents, to alter legal procedure in some respects and to simplify some of the administrative arrangements. In order to implement the recommendations in Ministry of Education Circular 12/60, the Education Committee decided that when a child was to be examined under Section 57 of the Education Act (as amended by the Mental Health Act), the notice requiring the patient to submit the child for medical examination under this Section should be delivered by hand by an Education Welfare Officer. This notice should be in writing and should inform the parents of the purpose and possible consequences of the examination and give a clear explanation of the Authority's intentions and of the parents' rights. The Education Welfare Officer should be prepared to answer any questions from the parents regarding the examination and give any further information that the parents might require.

The Authority have a duty to consider the advice of a Medical Officer, consequent upon a medical examination, and any reports or information which the Authority are able to obtain from teachers or other persons with respect to the ability and aptitude of the child. If, after considering these reports, the Authority decide that the child is unsuitable for education at



school, before recording such a decision, the parent must be informed of the Authority's intention to do so. The notice to the parent informing him of the Local Education Authority's intention to record this decision will be conveyed by hand by a Mental Welfare Officer who will inform the parent of his right to appeal to the Minister of Education if he is dissatisfied with the decision made, and also he will inform the parent of the provisions available under the Local Health Authority arrangements for the future welfare of the child, if he is unsuitable for education at school.

Furthermore, the parent will be informed that if the child is ascertained as unsuitable for education at school, the parent has the right to request a review of the position once each year until the child is no longer of compulsory school-age.

These arrangements became operative as from 1st November, 1960 and from that time to the end of the year, no child was ascertained under the new regulations.

Two children were ascertained as ineducable under the old legislation and the parents of one of these children appealed to the Minister of Education against the Authority's decision. The appeal was unsuccessful and the Authority's decision was confirmed.

## SPECIAL SCHOOLS IN LINCOLN

### Open Air School

This school provides accommodation for about 90 children.

The numbers of children on the roll and those admitted and discharged during the year were as follows:

Number on the roll December, 1960	..	..	75
Number of children admitted during 1960	..	13	
Number of children discharged during 1960	..	16	

The medical condition of the children for which this type of education was necessary was as follows:

General Debility	..	..	..	..	36
Bronchitis	..	..	..	..	8
Asthma	..	..	..	..	12
Sequelae of Poliomyelitis	..	..	..	3	
Congenital Heart	..	..	..	..	2
Cerebral Palsy	..	..	..	..	3
Orthopaedic defect	..	..	..	..	6
Miscellaneous	..	..	..	..	5

A medical officer visits the school on four occasions each term and a school nurse visits from time to time as the need arises.

### St. Catherine's E.S.N. School

The school provides accommodation for about 60 boys and girls aged 11 years and upwards.

	Boys	Girls
Number on roll in December, 1960	.. 38	28
Number admitted during 1960	.. 10	8
Number discharged during 1960	.. 4	2

Of the 4 boys and 2 girls who left school during the year, 4 boys and 2 girls were reported to the Local Health Authority under the provisions of Section 57 (5) of the Education Act, 1944.

## NURSERY SCHOOLS

The average and total attendances during the year were as follows:

	Average Attendance	Total Attendance
St. Cuthbert's Nursery School ..	38.0	14,928
St. Giles Nursery School ..	39.26	15,390

All children are medically examined on entry and a medical officer visits once each month to see new entrants and to examine other children when required.

## THE CHILDREN AND YOUNG PERSONS' ACT, 1933

252 children were examined for Employment outside of School hours as compared with 245 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number only one child was found to be unfit for employment.

## HOME TEACHING

Teaching in the home continues as a small, but useful part of the education service.

16 children were taught at home during the year; the majority of these were suffering from severe orthopaedic defects.

Orthopaedic defects .. ..	10
Maladjusted .. ..	1
Tuberculous Meningitis .. ..	1
Asthma .. ..	1
Miscellaneous .. ..	3

## MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

51 teachers appointed to the Authority's staff were also medically examined.

32 students were examined during the year, in connection with their entry to Training Colleges.

## DEATHS IN SCHOOL CHILDREN

It is sad to record the death of 2 children during the year. One death was due to a road accident and the other was from leukaemia.

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

There has only been one change of staff during the year, namely my resignation from the post of Principal School Dental Officer, with effect from 30th November, upon my appointment to a similar post with the Lindsey County Council. Repeated advertising of the posts of Assistant School Dental Officers has not met with any success.

The lack of recruits to the School Dental Service is causing grave concern amongst all people connected with the Service. The lack of success in attracting recruits to the Authority's service would indicate that the

offering of inducements has no effect and it would appear that the only permanent solution is the building of new dental schools and enlarging those in existence in order to increase the number of graduates. The provisions of the Dental Act have been implemented with the opening of the school for training Dental Auxiliaries at New Cross, but some time will elapse before this scheme has any effect upon the staffing situation.

In the field of Preventive Dentistry the prior schemes for the fluoridation of water are proceeding, but in the absence of an interim report no assessment can be made of the benefits accruing from these schemes, until such time as the final report on this subject is issued no further action can be taken. Attention must, therefore, be directed to correcting diatetic habits and oral hygiene. In considering this subject, cognisance must be taken of the fact that children have more money than at any other time, and the effect of advertising upon them by a highly competitive industry such as the sweet and confectionery makers. It is an anachronism of modern society that whilst millions of pounds are spent annually repairing the ravages of dental decay, millions of pounds are also spent promoting the sale of carieogenic food stuffs. Whilst much can, and is, being done at a local level to effect an increase in correct oral hygiene, it is felt there should be a concurrent national programme in all media of equal intensity to that promoted by the manufacturers. This programme could follow the lines of the road safety campaign where wise use and not abuse is advocated.

The increasing number of emergency toothache cases arising during the year 1959 has resulted in a change of policy. It has been considered advisable to intensify the programme of school inspection and so treat these cases before the onset of toothache. It will be seen in the statistics that there is an increase in the number of extractions and general anaesthetics as a consequence.

The alterations and new equipment as approved have been put into effect, some delay however, has been experienced in obtaining some items from the manufacturers. The provision of this equipment has been much appreciated by both patients and staff and will add to increased efficiency in the Department.

I should like to thank the Chairman and Members of the Committee, the Chief Education Officer and his staff for their assistance and understanding throughout the year.

K. H. DAVIS,

*Principal School Dental Officer.*

	1960	1959
No. Inspected (Routine age groups) ..	2971	1359
Referred for treatment .. ..	2191	1109
No. actually treated .. ..	1612	1614
Half days devoted to (1) Inspection ..	23	6
(2) Treatment ..	403	446
Fillings .. ..	1761	2068
Extractions .. ..	2168	1459
General Anaesthetics .. ..	765	517
Other operations .. ..	505	416



